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- (73) Patenthaver: **Medtronic MiniMed, Inc., 18000 Devonshire Street, Northridge, CA 91325-1219, USA**
- (72) Opfinder: **Montalvo, Susan McConnell, Medtronic MiniMed, Inc., 4635 Gershwin Place, Woodland Hills, CA
91364, USA**
Chong, Colin A., Medtronic MiniMed, Inc., 404 E. Randolph Street, Glendale, CA 91207, USA
Lickliter, Hans, Medtronic MiniMed, Inc., 27864 Camp Plenty Road, Canyon Country, CA 91351, USA
Bikovsky, Rafael, Medtronic MiniMed, Inc., 679 Admiral Court, Oak Park, CA 91377, USA
- (74) Fuldmægtig i Danmark: **NORDIC PATENT SERVICE A/S, Bredgade 30, 1260 København K, Danmark**
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DESCRIPTION

[0001] The technical field of this disclosure is personal medical systems, particularly, therapeutic agent injection devices.

BACKGROUND OF THE INVENTION

[0002] Certain medical conditions or diseases require that patients intermittently inject a drug or therapeutic agent subcutaneously to maintain the medical condition or disease under control. Multiple daily injections (MDIs) may be required. One such medical condition is diabetes, for which insulin is injected to regulate blood glucose. An estimated twenty-six million people in the United States, or about 8% of the population, have diabetes. This percentage is expected to increase in the near-term as the population ages.

[0003] Certain patients are unlikely or unable to follow the drug regimen required to maintain their medical condition under control. Some patients are squeamish about injecting the drug themselves and others suffer adverse effects from repeated injections, such as bruising at the injection site. To accommodate such patients, injection ports have been developed which only require that the patient puncture their skin every few days to install an injection port, rather than injecting with a needle into their skin numerous times a day. Injection ports employ a cannula inserted subcutaneously, and the patient injects the drug into the injection port adhering to their skin rather than directly into their cutaneous tissue.

[0004] A new problem arises with damage to the injection port itself. When the injection needle strikes the injection port's cannula, the cannula may be damaged so that the delivery of the drug is no longer controlled. The drug leaks from the damaged portion of the cannula before reaching the required subcutaneous depth. Although a shorter injection needle can be used to attempt to avoid such problems, such needles may not be locally available, limit flexibility in requiring a certain needle length, and provide no assurance that the patient may not still use a longer needle that damages the injection port. WO 2006/097111 discloses an injection gateway system having a through opening and a cannula having a restriction for micro-organisms. WO2008/092959 shows an injection gateway having a base, a cannula and a gate through which to pass fluid. WO2008/092782 discloses an injection gateway having a base part, a cannula and a gate moveably mounted in relation to the base part.

[0005] It would be desirable to have a therapeutic agent injection device that would overcome the above disadvantages.

SUMMARY OF THE INVENTION

[0006] The invention is as set out in the independent claim. Optional features are as stipulated in the dependent claims.

[0007] Other features and advantages of the invention will become further apparent from the following detailed description of the presently preferred embodiments, read in conjunction with the accompanying drawings. The detailed description and drawings are merely illustrative of the invention, rather than limiting the scope of the invention being defined by the appended claims.

BRIEF DESCRIPTION OF THE DRAWINGS

[0008]

FIGS. 1-5 are perspective, section, perspective, exploded perspective, and perspective views, respectively, of one embodiment of an injection device made in accordance with the invention.

FIG. 6 is a section perspective view of one embodiment of an injection device made in accordance with the invention.

FIGS. 7-11 are perspective, perspective, section, section, and perspective section views, respectively, of one embodiment of an injection device made in accordance with the invention.

FIGS. 12A-12D are side and section views of needleless pen injectors for use with an injection device made in accordance with the invention.

FIGS. 13A-13F are section views of pop-up indicator ports for use with an injection device made in accordance with the invention.

FIGS. 14A & 14B are perspective views of one embodiment of an injection device made in accordance with the invention.

FIGS. 15-20 are front perspective, top side, left side, bottom side, bottom perspective, and detail views, respectively, of one embodiment of a body for an injection device made in accordance with the invention.

FIG. 21 is a perspective view of one embodiment of an introducer septum for use in an injection device made in accordance with the invention.

FIG. 22 is a section view of an injection device made in accordance with the invention including the introducer septum of **FIG. 21**.

FIG. 23 is a perspective view of one embodiment of a septum for use in an injection device made in accordance with the invention.

FIGS. 24A & 24B are top side and section views, respectively, of one embodiment of a septum for use in an injection device made in accordance with the invention.

DETAILED DESCRIPTION

[0009] FIGS. 1-5, in which like elements share like reference numbers, are various views of one embodiment of an injection device made in accordance with the invention. The injection device includes an introducer port along an introducer axis and an injection port along an injection axis, with the injection axis being non-collinear with the introducer axis. In this embodiment, the injection axis is at an angle to and intersects with the introducer axis.

[0010] FIG. 1 is a perspective view of the injection device **100** including a body **110** and a patch **120** attached to the body **110**. The patch **120** is operable to adhesively attach the injection device **100** to a patient (not shown). The body **110** has a port face **112**, with an introducer port **130** and an injection port **140** on the port face **112**. The introducer port **130** is used to place a delivery tube subcutaneously in the patient. The injection port **140** is used by the patient to inject a therapeutic agent, which as defined herein can be any liquid such as a liquid including a therapeutic agent, drug, diagnostic agent, or the like. The body **110** also includes cutouts **160**. Those skilled in the art will appreciate that the introducer port **130** can be too small to be effectively used by a patient for injection, but could be used to inject a therapeutic agent, such as a bolus injection using a mechanically attached device, as desired for a particular application.

[0011] FIG. 2 is a section view of the injection device **100**, the section bisecting the introducer port **130** and the injection port **140**, and includes the introducer axis **134** and injection axis **144**. An axis as defined herein generally follows the centerline of an associated channel through an associated port. The body **110** has a port face **112** and a patient face **114**. A delivery tube **150** for subcutaneous delivery of the therapeutic agent projects from and is generally perpendicular to the patient face **114**. The delivery tube **150** is operably connected to the introducer port **130** and defines an introducer axis **134** along the introducer channel **132**, the delivery tube **150** being in fluid communication with the injection port **140**. The introducer port **130** includes an introducer channel **132**, with an introducer port cover **135** and an introducer septum **136** disposed in the introducer channel **132**. The injection port **140** includes an injection channel **142** defining an injection axis **144** with an injection septum **146** disposed in the injection channel **142**. In one embodiment, the introducer septum **136** and/or the injection septum **146** is self sealing, such that each of the septums block fluid flow through the septum after a needle has been put through the septum then removed, preventing fluid flow from the port. In this embodiment, the injection axis **144** is at an angle to and intersects with the introducer axis **134**. In one example, the delivery tube **150** is a flexible cannula and a needle hub assembly can be used to place the delivery tube **150** subcutaneously in the patient. In another example, the delivery tube **150** is a rigid needle and the delivery tube **150** can be placed subcutaneously in the patient with or without a needle hub assembly.

[0012] FIG. 3 is a perspective view of the injection device **100** with a needle hub assembly

170. The needle hub assembly **170** includes a needle hub **172** and a needle **174** attached to the needle hub **172**. The needle **174** of the needle hub assembly **170** is inserted through the introducer port **130** and through the delivery tube **150** along the introducer axis **134**. The needle hub assembly **170** can be used to add rigidity to the delivery tube **150** during implantation when the delivery tube **150** is a flexible cannula.

[0013] FIG. 4 is an exploded perspective view of the injection device with a needle hub assembly. A needle guard **176** disposed around the needle **174** can be used to protect the needle **174** and the delivery tube **150** when the injection device and needle hub assembly are assembled for shipping. The various parts of the injection device and needle hub assembly can be connected by interference fit, adhesive, welding, and/or any other method of attachment suitable for a particular application.

[0014] FIGS. 5A-5C are perspective views of various applications of the injection device made in accordance with the invention. Referring to FIG. 5A, a syringe **190** can be used to deliver a therapeutic agent through the injection port **140** of the injection device **100**. The syringe can be a conventional syringe, a standard insulin pen, or a needleless syringe. The needle length of a conventional syringe or standard insulin pen can be of any length because the injection axis is non-collinear with the introducer axis, such that a longer needle does not damage the injection device. In one embodiment, the injection port **140** is adapted to be mateable with the syringe **190**, with a socket, fitting, or the like, to increase ease of use. In one example, the injection port **140** is a socket with a socket needle which pierces a foil front end of a needleless syringe when the needleless syringe is seated in the socket. The needleless syringe itself has no needle in this example.

[0015] Referring to FIG. 5B, an on-body injector **192** is mateable with the injection port **140** of the injection device **100** and can be used to deliver a therapeutic agent through the injection port **140**. The on-body injector **192** can include a reservoir to hold the therapeutic agent. In one embodiment, the on-body injector **192** can deliver a basal and/or bolus dose of the therapeutic agent.

[0016] Referring to FIG. 5C, an extendable tube **194** can be used to deliver a therapeutic agent through the injection port **140**. The extendable tube **194** includes a port connector **195**, a tube **196**, and an external device fitting **197**, all being in fluid communication. The port connector **195** is in fluid communication with the injection port **140** with a needle or mateable fitting to deliver the therapeutic agent through the injection port **140**. The external device fitting **197** is connectable to an external device, such as a wearable insulin pump or an infusion tubing line to a gravity fed container.

[0017] FIG. 6 is a section perspective view of one embodiment of an injection device made in accordance with the invention. In this embodiment, an upper body portion is rotatable about the introducer axis independent of a lower body portion, so that the injection axis can be positioned at a desired rotary angle regardless of the initial placement of the patch on the patient. This allows the patient to select a rotary position for the injection port that is convenient

for injection of the therapeutic agent.

[0018] The body of the injection device can have a first body portion including the port face and a second body portion including the patient face, the first body portion and the second body portion being rotatably connected with a flange, the first body portion and the second body portion being independently rotatable about the introducer axis.

[0019] The body **210** of the injection device **200** includes an upper body portion **202** and a lower body portion **204**. The upper body portion **202** and lower body portion **204** are rotatably connected with a flange **206** so that the upper body portion **202** and the lower body portion **204** can rotate independently about the introducer axis **234** defined by the delivery tube **250** along the introducer channel **232**. The upper body portion **202** has a port face **212** and the lower body portion **204** has a patient face **214**. A patch **220** is attached to the patient face **214** and is operable to adhesively attach the injection device **100** to a patient (not shown).

[0020] The delivery tube **250** for subcutaneous delivery of a therapeutic agent projects from and is generally perpendicular to the patient face **214**. The delivery tube **250** is operably connected to the introducer port **230**, the delivery tube **250** being in fluid communication with the injection port **240**. The introducer port **230** includes an introducer channel **232**, with an introducer septum **236** disposed in the introducer channel **232**. The injection port **240** includes an injection channel **242** defining an injection axis **244** with an injection septum **246** disposed in the injection channel **242**.

[0021] The injection axis **244** is non-collinear with the introducer axis **234**. In this embodiment, the injection axis **244** is at an angle to and intersects with the introducer axis **234**. In one example, the delivery tube **250** is a flexible cannula and a needle hub assembly can be used to place the delivery tube **250** subcutaneously in the patient. In another example, the delivery tube **250** is a rigid needle and the delivery tube **250** can be placed subcutaneously in the patient with or without a needle hub assembly.

[0022] In operation, the patch **220** is attached to the patient and the delivery tube **250** inserted in the patient for subcutaneous delivery of a therapeutic agent. The injection port **240** in the upper body portion **202** can be rotated about the introducer axis **234** even though the lower body portion **204** is at a fixed position on the patient since the lower body portion **204** is attached to the patient by the patch **220**.

[0023] FIGS. 7-11, in which like elements share like reference numbers, are various views of one embodiment of an injection device made in accordance with the invention. The injection device includes an introducer port along an introducer axis and an injection port along an injection axis, with the injection axis being non-collinear with the introducer axis. In this embodiment, the injection axis is parallel to and does not intersect with the introducer axis.

[0024] The injection device for delivering a therapeutic agent to a patient can include a body, the body having a patient face and a port face opposite the patient face, the port face having

an introducer port including an introducer channel and an injection port including an injection channel, the introducer channel being in fluid communication with the injection channel through a cross channel, the injection channel defining an injection axis; a delivery tube for subcutaneous delivery of the therapeutic agent to the patient, the delivery tube projecting from and being generally perpendicular to the patient face, the delivery tube defining an introducer axis and being in fluid communication with the injection port; and a patch, the patch being attached to the patient face and being operable to adhesively attach to the patient; wherein the injection axis is parallel to the introducer axis.

[0025] In some embodiments, the parallel injection axis and introducer axis allows the injection device to function as both an injection device and sensor support. In such embodiments to prevent the sensor from obtaining spurious readings caused by introduction of the therapeutic fluid the introducer channel and injection port would not be in fluid communication. In such embodiments either the introducer channel or the injection port could be adapted to support the insertion and continuous wearing of a sensor. In some embodiments the sensor could be worn for two days before needing to be replaced. In other embodiments the sensor could be worn for up to 14 days before needing to be replaced. Additionally, in some embodiments the sensor would measure glucose values in subcutaneous tissue and associated electronics are able to determine a corresponding blood glucose value.

[0026] FIG. 7 is a perspective view of the injection device 300 including a body 310 and a patch 320 attached to the body 310. The patch 320 is operable to adhesively attach the injection device 300 to a patient (not shown). The body 310 has a port face 312, with an introducer port 330 on the port face 312. The introducer port 330 is used to place a delivery tube subcutaneously in the patient. In this example, an optional injection cap 302 secured to the body 310 to protect an injection port, which is used by the patient to inject a therapeutic agent.

[0027] FIG. 8 is a perspective view of the injection device 300 with the optional injection cap removed to expose the injection port 340. In this example, the body 312 includes threads 306 to secure the optional injection cap to the body and an optional O-ring 304 to seal the area around the injection port 340 when the optional injection cap is secured to the body.

[0028] FIG. 9A is a section view of the injection device 300, the section bisecting the introducer port 330 and the injection port 340 and including the introducer axis 334 and injection axis 344. The body 310 has a port face 312 and a patient face 314. A delivery tube 350 for subcutaneous delivery of the therapeutic agent projects from and is generally perpendicular to the patient face 314. The delivery tube 350 is operably connected to the introducer port 330 and defines an introducer axis 334 along the introducer channel 332, the delivery tube 350 being in fluid communication with the injection port 340. The introducer port 330 includes an introducer channel 332, with an introducer septum 336 disposed in the introducer channel 332. The injection port 340 includes an injection channel 342 defining an injection axis 344 with an injection septum 346 disposed over the injection channel 342. In this embodiment, the injection axis 344 is parallel to and does not intersect with the introducer axis 334. A cross channel 343

connects the injection channel 342 to the introducer channel 332. In one example, the delivery tube 350 is a flexible cannula and a needle hub assembly can be used to place the delivery tube 350 subcutaneously in the patient. In another example, the delivery tube 350 is a rigid needle and the delivery tube 350 can be placed subcutaneously in the patient with or without a needle hub assembly.

[0029] FIG. 9B is a section view of a different embodiment of injection device 300, the section bisecting the introduced port 330 and the injection port 340 and including the introducer axis 334 and injection axis 344. The body 310 includes a port face 312 and a patient face 314. A delivery tube 350 for subcutaneous delivery of the therapeutic agent projects from and is generally perpendicular to the patient face 314. The delivery tube 350 is operably connected to the introducer port 330 and defines an introducer axis 334 along the introducer channel 332. The introducer port 330 includes an introducer channel 332, with an introducer septum 336 disposed in the introducer channel 332. The injection port 340 includes an injection channel 342 defining an injection axis 344 with an injection septum 346 disposed over the injection channel 342. In this embodiment, the injection axis 344 is parallel and does not intersect with the introducer axis 334. In this embodiment a delivery tube 350' is also found operably connected to the injection port 340. The cross channel 343 found in FIG. 9A is not found in this embodiment enabling a sensor 351 to be placed into the delivery tube 350' via injection port 340 while therapeutic agents can still be delivered via delivery tube 350 and introducer port 330. In other embodiments the sensor 351 is placed through delivery tube 350 and introducer port 330 while therapeutic agents are administered via delivery tube 350' and injection port 340.

[0030] In some embodiments the sensor 351 is a glucose sensor similar to, but not limited to the Enlite Sensor made by Medtronic. In these embodiments the sensor is inserted into the subcutaneous tissue and then connected to sensor electronics. In some embodiments the sensor electronics are contained within a sealed housing that includes an opening to receive sensor contacts disposed on an end that remains outside the injection device. Physical contact is made between the sensor electronics and the sensor contacts to provide power from the sensor electronics that initiates chemical reactions between the sensor and fluid within the subcutaneous tissue. The sensor electronics housing includes coupling features to removably couple the sensor electronics to the port face 312. In some embodiments the coupling features are compatible screw threads, while in other embodiments the coupling features are quarter turn features or quick release snap type features. The types of coupling features described above are intended to be exemplary and should not be construed as limiting. Additional coupling features can be used that enable quick and secure coupling between the sensor electronics housing and the port face 312.

[0031] FIG. 10 is a section view of the injection device 300 with a needle hub assembly 370 and a needle guard 376. The needle hub assembly 370 includes a needle hub 372 and a needle 374 attached to the needle hub 372. The needle 374 of the needle hub assembly 370 is inserted through the introducer port 330 and through the delivery tube 350 along the introducer axis 334. The needle hub assembly 370 can be used to add rigidity to the delivery

tube **350** when the delivery tube **350** is a flexible cannula. The needle hub assembly **370** can optionally be used when the delivery tube **350** is a rigid needle. A needle guard **376** disposed around the needle **374** can be used to protect the needle **374** and the delivery tube **350** when the injection device and needle hub assembly are assembled for shipping.

[0032] FIG. 11 is a perspective section view of the injection device with an injection adapter assembly. For clarity of illustration, the cross section cut of the injection device **300** in the illustration bisects the introducer port **330** and the injection port **340**, and includes the introducer axis **334** and injection axis **344**. The cross section cut of the injection adapter assembly **400** in the illustration includes the injection axis **344** and is perpendicular to the section of the injection device **300**. The injection adapter assembly **400** screws onto the injection device **300** using the threads **306** on the body **310** to secure the needleless pen injector to the body **310**, with the O-ring **304** sealing around the interface between the adapter septum **420** and the injector septum **346**. Those skilled in the art will appreciate that the mateable connection securing the needleless pen injector to the body is not limited to threads and can be any mateable connection desired for a particular application.

[0033] In this embodiment, the injection adapter assembly **400** is adapted to receive a needleless pen injector (not shown). The adapter body **410** defines a recess **412** adapted to receive a tip of the needleless pen injector. In this example, the needleless pen injector includes threads on its outer diameter complementary to the adapter threads **414** on the inner diameter of the adapter body **410**. The tip of the needleless pen injector is screwed into the recess **412** so that the adapter needle **416** is received in the needleless pen injector, accessing the therapeutic agent contained within the needleless pen injector by piercing a foil on the tip of the needleless pen injector or accessing a pen injector port adapted to receive the adapter needle **416**. With the needleless pen injector secured in the injection adapter assembly **400**, pressure applied to the therapeutic agent enclosed in the needleless pen injector forces the therapeutic agent through the adapter needle **416** and the adapter septum **420** into the injection device **300**, where the therapeutic agent passes through the injector septum **346** into the injection port **340**, through the injection channel **342**, the cross channel **343**, and the delivery tube **350**, and into the patient.

[0034] Those skilled in the art will appreciate that a variety of interfaces can be used between the needleless pen injector, the injection adapter assembly **400**, and the injection device **300**. In the embodiment of FIG. 11, the adapter septum **420** and the injector septum **346** are permeable so that the therapeutic agent passes through the adapter septum **420** and the injector septum **346**. The septums can be hydrophilic when used with the needleless pen injector to allow the therapeutic agent to pass through. In another embodiment, the injector septum can include a slit valve operable to open on receiving a stub tube at the tip of the needleless pen injector. In yet another embodiment, the injector septum can include a slit valve which is open by a mechanical lever that pushes open and spread the slit valve when the needleless pen injector is received in the injection adapter assembly. In yet another embodiment, the needleless pen injector is interlocked with the injection adapter assembly so that no therapeutic agent can be dispensed from the needleless pen injector until the

needleless pen injector is fully engaged with the injection adapter assembly.

[0035] FIGS. 12A-12D are various views of needleless pen injectors for use with an injection device made in accordance with the invention. Each of the needleless pen injectors is provided with a manual or automatic pressurization to force the therapeutic agent held within the needleless pen injector into the injection device and patient, once the needleless pen injector has been fully engaged with an injection adapter assembly.

[0036] FIG. 12A is a side view of the tip of a needleless pen injector **500** having a barrel **502** to contain a therapeutic agent and optional threads **504** for use with an adapter body having threads on the inner diameter. The end **506** of the needleless pen injector **500** can be adapted to accommodate the particular design of an injection adapter assembly for a particular application. **FIG. 12B** is a section view of the tip of a needleless pen injector **510** having a barrel **512** to contain a therapeutic agent and a foil **516** across the end of the needleless pen injector **510**. The foil **516** can be pierced by an adapter needle in the injection adapter assembly (shown in FIG. 11) to provide fluid communication between the needleless pen injector **510** and the injection device through the injection adapter assembly. **FIG. 12C** is a section view of the tip of a needleless pen injector **520** having a barrel **522** to contain a therapeutic agent and a pen port **526** at the end of the needleless pen injector **520**. The pen port **526** can receive an adapter needle in the injection adapter assembly (shown in FIG. 11) to open the pen port **526** and provide fluid communication between the needleless pen injector **520** and the injection device through the injection adapter assembly. **FIG. 12D** is a section view of the tip of a needleless pen injector **530** having a barrel **532** to contain a therapeutic agent and a stub tube **536** at the end of the needleless pen injector **530**. The stub tube **536** is operable to open a slit valve on the injector septum of the injection device.

[0037] FIGS. 13A-13F, in which like elements share like reference numbers, are section views of pop-up indicator ports for use with an injection device made in accordance with the invention. Because the introducer port and the injection port of the injection device are both in fluid communication with the delivery tube, flow blockage in the delivery tube can cause an increase in pressure at both ports when the patient attempts to inject a therapeutic agent. The flow blockage/pressure increase can be detected by the patient, indicating that the therapeutic agent is not being delivered, with a pop-up indicator port in the port not being used for injection. During injection, the membrane of the pop-up indicator port is close to the body of the injection device under normal conditions, and extends from the body of the injection device when the delivery tube is blocked and the pressure increases above a predetermined pressure.

[0038] The pop-up indicator can be disposed in the introducer channel, the pop-up indicator having a normal state when pressure in the introducer channel is normal and an alarm state when pressure in the introducer channel exceeds a predetermined value.

[0039] FIG. 13A & 13B are section views of a pop-up indicator port **600** with a folded membrane **602** installed as the introducer port. The pop-up indicator port **600** is installed in the

introducer channel **632** of the body **610** along the introducer axis **634**, and is in fluid communication with the injection channel. A self-closing port **604** in the membrane **602** allows a needle of a needle hub assembly to pass through the membrane **602** when a needle hub assembly is used to implant the injection device. No self-closing port is required if a needle hub assembly is not used to implant the injection device. Referring to **FIG. 13A**, the pop-up indicator port **600** is in the normal state with normal pressure in the introducer channel **632**, with the membrane **602** folded on itself. Referring to **FIG. 13B**, the pop-up indicator port **600** is in the alarm state due to pressure in the introducer channel **632** exceeding a predetermined value. The pressure occurs when a therapeutic agent is being injected into the injection port, which is in fluid communication with the introducer channel **632**, while the delivery tube is blocked. In the alarm state, the membrane **602** unfolds to extend from the body **610**.

[0040] **FIG. 13C & 13D** are section views of a pop-up indicator port **600** with an accordion membrane **612** installed as the introducer port. Referring to **FIG. 13C**, the pop-up indicator port **600** is in the normal state with normal pressure in the introducer channel **632**, with the membrane **612** pleated like an accordion. Referring to **FIG. 13D**, the pop-up indicator port **600** is in the alarm state due to pressure in the introducer channel **632** exceeding a predetermined value. The pressure occurs when a therapeutic agent is being injected into the injection port, which is in fluid communication with the introducer channel **632**, while the delivery tube is blocked. In the alarm state, the membrane **612** uncompresses the pleats to extend from the body **610**.

[0041] **FIG. 13E & 13F** are section views of a pop-up indicator port **600** with a deformable membrane **622** installed as the introducer port. Referring to **FIG. 13E**, the pop-up indicator port **600** is in the normal state with normal pressure in the introducer channel **632**, with the membrane **622** extending across the introducer channel **632**. Referring to **FIG. 13F**, the pop-up indicator port **600** is in the alarm state due to pressure in the introducer channel **632** exceeding a predetermined value. The pressure occurs when a therapeutic agent is being injected into the injection port, which is in fluid communication with the introducer channel **632**, while the delivery tube is blocked. In the alarm state, the material of the membrane **622** deforms under pressure to extend from the body **610**. In another embodiment, the material of the membrane **622** can deform sufficiently to allow the therapeutic agent to leak through the membrane **622**, providing additional indication of the high pressure and delivery tube blockage.

[0042] Those skilled in the art will appreciate that the material and dimensions of the parts of the membrane (folds and/or pleats) can be selected as desired for a particular application. In one embodiment, the material is resilient, so that the membrane returns to the normal state after being in the alarm state. In another embodiment, the material is deformable so that the membrane remains extending from the body after the pressure is relieved and the alarm state clears. The extended membrane reminds the patient of the delivery tube blockage and the need to replace the injection device. Exemplary materials for the membrane include silicone rubber or the like.

[0043] **FIGS. 14A & 14B**, in which like elements share like reference numbers, are perspective

views of one embodiment of an injection device made in accordance with the invention. In this embodiment, the injection device includes a tube with an external device fitting, so that the injection device can be placed in a remote location and attached to an injection pump.

[0044] FIG. 14A is a perspective view of the injection device **700** in a stored configuration, the injection device **700** including a body **710** and a patch **720** attached to the body **710**. The patch **720** is operable to adhesively attach the injection device **700** to a patient (not shown). The body **710** has a groove **702** around its outer circumference operable to receive tube **794** in the stored configuration. One end of the tube **794** is in fluid communication with an injection port (not shown) of the injection device **700** to deliver a therapeutic agent into the body of a patient. The other end of the tube **794** is in fluid communication with the external device fitting **797**, which can be extended to a convenient location when the injection device **700** is in a difficult to access location or which can be connected to an injection pump (not shown). In this example, the body **710** includes a fitting receiver **704** operable to receive and store the external device fitting **797** when the injection device **700** is in the stored configuration with the tube **794** wrapped around the body **710**. **FIG. 14B** is a perspective view of the injection device **700** in a deployed configuration, with the external device fitting **797** uncoupled from the fitting receiver **704** and the tube **794** uncoiled from the groove **702** in the body **710**. In operation, the injection device **700** can be placed on a remote location on the body of the patient, such as a remote location not normally accessible for injection by conventional means, and the tube **794** extended to allow convenient connection to an injection pump.

[0045] FIGS. 15-20, in which like elements share like reference numbers, are various views of one embodiment of a body for an injection device made in accordance with the invention. The body includes cutouts to provide inspection and ventilation at the attachment point of the injection device to the patient.

[0046] The single piece body for an injection device can include a planar deck having a patient face, the planar deck having cutouts around and through the planar deck, the planar deck including a delivery tube port on the patient face; a port segment attached opposite the patient face of the planar deck, the port segment including an introducer port including an introducer channel and an injection port including an injection channel the introducer channel being in fluid communication with the injection channel and the delivery tube port; and attachment projections protruding from the patient face. In one embodiment, the attachment projections are operable for plastic welding.

[0047] The single piece body can be used with an injection device for delivering a therapeutic agent to a patient including the single piece body. The injection device further includes a delivery tube for subcutaneous delivery of the therapeutic agent to the patient, the delivery tube projecting from and being generally perpendicular to the patient face, the delivery tube being in fluid communication with the injection port; and a patch, the patch being plastically welded to the attachment projections and being operable to adhesively attach to the patient.

[0048] FIGS. 15 & 16 are a front perspective view and a top side view, respectively, of a body

810 including a port face **812**. The port face **812** includes an introducer port **830** and an injection port **840**. The body **810** has a generally planar deck **804** with cutouts **860** spaced around and passing through the planar deck **804**. The body **810** also has a port segment **806** rising above the planar deck **804** and including the introducer port **830** and an injection port **840**. The body **810** is a single piece body, which is defined herein as a body formed as a single piece and is not a group of separate pieces assembled to form the body.

[0049] FIG. 17 is a left side view of the body **810**. The patient face **814** is opposite the port face **812** on the planar deck **804** and is operable to connect the body **810** to a patch (not shown) to adhesively attach the injection device to a patient. In this embodiment, the patient face **814** of the planar deck **804** includes a number of attachment projections **820** (in this example, the attachment projections **820** being bumps) protruding from the planar deck **804** to allow a patch to be plastically welded to the body **810**. Those skilled in the art will appreciate that different attachment projections, such as truncated pyramids, bumps, radial lines, concentric rings, or the like, can be selected as desired for a particular application. In yet another embodiment, the patch can be attached to the body **810** with an adhesive.

[0050] FIGS. 18 & 19 are a bottom side view and a bottom perspective view, respectively, of the body **810**. The attachment projections **820** are arranged around the outer circumference **823** of the patient face **814**, around an inner circle **822** about a delivery tube port **825** on the introducer axis **834**, and along diameter segments **824** between the outer circumference **823** and the inner circle **822** which follow the length of the port segment. In this example, the attachment projections **820** are truncated pyramids.

[0051] FIG. 20 is a section view of the planar deck **804** of the body **810** along the outer circumference through the attachment projections **820**. In this example, the body **810** is plastically welded to a patch **830**, which is attached to the skin **832** of a patient. The attachment projections **820** are deformed from the truncated pyramid to a flattened, rounded shape from welding the attachment projections **820** to the patch **830** at each fixation point **836**. In this example, the tips of the attachment projections **820** are welded into the patch **830**, i.e., the tips of the attachment projections rest below the surface of the patch at the fixation points **836** where the attachment projections **820** join the patch **830**. In cross section through adjacent attachment projections **820**, the patient face **814** and the patch **830** define a ventilation gap **838** to provide ventilation and air circulation between the planar deck **804** and the patch **830**, cooling the skin **832** across the patch **830** from the ventilation gap **838**.

[0052] Those skilled in the art will appreciate that the design of the patch **830** can be selected as desired for a particular application. The patch can be made of any biocompatible material with biocompatible adhesive operable to hold the weight of the injection device to the skin for a predetermined number of days. The patch design also needs to account for ventilation and circulation between the patch and the skin. In one example, the patch is a continuous sheet of adhesive material. In another example, the patch is a mesh sheet of adhesive material including perforations. In yet another example, the patch is a continuous sheet of adhesive material with holes cut into the continuous sheet. The holes can align with features of the body

of the injection device, such as the cutouts, as desired. The holes can optionally be the same size as the cutouts. In yet another example, the patch is a continuous sheet of adhesive material with holes cut into the continuous sheet, and mesh applied across the holes. In yet another example, the patch can be made of a transparent material to allow the condition of the skin around and below the injection device to be monitored. In one example, adhesive patches are constructed of pressure sensitive acrylic-based adhesives with non-woven polyester backings.

[0053] Those skilled in the art will further appreciate that the design of the body of the injection device can be selected as desired for a particular application. In one example, the number and position of the cutouts in the planar deck can be selected to provide ventilation to the skin while maintaining sufficient rigidity for the planar deck. In another example, the number and position of the cutouts can be selected to allow observation of the condition of the skin around and below the injection device. In yet another example, the body of the injection device can be made of a transparent material to allow the condition of the skin around and below the injection device to be monitored. This is particularly useful when the patch includes holes or is made from a transparent material. Exemplary materials for the body of the injection device include polycarbonate, acrylic, or the like. In one embodiment, one or more optical elements can be molded into the body of the injection device to magnify the area or areas of interest.

[0054] FIGS. 21-24 are various embodiments of septums for use in an injection device. The septums can be disposed in the injection device channels. In one embodiment, the septum is self sealing to block fluid flow through the septum after a needle has been put through the septum then removed, preventing fluid flow through the port connected to the channel.

[0055] FIG. 21 is a perspective view of one embodiment of an introducer septum for use in an injection device made in accordance with the invention. In this embodiment, the introducer septum is irregular-shaped, i.e., the introducer septum has an irregular shape. The introducer septum **900** includes a number of legs **902** to secure the introducer septum **900** in the introducer channel.

[0056] FIG. 22 is a section view of an injection device made in accordance with the invention including the introducer septum of **FIG. 20**. The section bisects the introducer port **930** and the injection port **940**, and includes the introducer axis **934** and injection axis **944**. The delivery tube **950** is operably connected to the introducer port **930** and defines an introducer axis **934**, the delivery tube **950** being in fluid communication with the injection port **940**. The introducer port **930** includes an introducer channel **932**, with an introducer port cover **935** and the introducer septum **900** disposed in the introducer channel **932**. The introducer septum **900** is secured in the introducer channel **932** of the injection device **901** by legs **902**. The injection port **940** includes an injection channel **942** defining an injection axis **944** with an injection septum **946** disposed in the injection channel **942**. The injection channel **942** is in fluid communication with the delivery tube **950** through a septum connection channel **904** in the introducer septum **900**. The introducer septum **900** both connects the injection port **940** to the delivery tube **950** and fills extra space within the introducer channel **932** to avoid an

unnecessary amount of therapeutic agent from collecting in the introducer channel **932**.

[0057] FIG. 23 is a perspective view of one embodiment of a septum for use in an injection device made in accordance with the invention. In this embodiment, the septum is barrel-shaped. The barrel-shape septum **980** can be used as an introducer septum or an injection septum as desired for a particular application.

[0058] FIGS. 24A & 24B are top side and A-A section views, respectively, of one embodiment of a septum for use in an injection device made in accordance with the invention. In this embodiment, the septum is dome-shaped. The dome septum **990** can be used as an introducer septum or an injection septum as desired for a particular application.

[0059] It is important to note that **FIGS. 1-24** illustrate specific applications and embodiments of the invention, and are not intended to limit the scope of the present disclosure or claims to that which is presented therein. Upon reading the specification and reviewing the drawings hereof, it will become immediately obvious to those skilled in the art that myriad other embodiments of the invention are possible, and that such embodiments are contemplated and fall within the scope of the presently claimed invention.

REFERENCES CITED IN THE DESCRIPTION

This list of references cited by the applicant is for the reader's convenience only. It does not form part of the European patent document. Even though great care has been taken in compiling the references, errors or omissions cannot be excluded and the EPO disclaims all liability in this regard.

Patent documents cited in the description

- WO2006097111A **[0004]**
- WO2008092959A **[0004]**
- WO2008092782A **[0004]**

Patentkrav

1. Injektionsindretning (300) til administration af et terapeutisk middel til en patient, hvilken injektionsindretning omfatter:

en krop (310) med en patientflade (314) og en åbningsflade (312) modsat patientfladen (314), idet åbningsfladen (312) har en indføreråbning (330), der indbefatter en indførerkanal (332), og en injektionsåbning (349), der indbefatter en injektionskanal (342), idet injektionskanalen (342) definerer en injektionsakse (344); et administrationsrør (350) til subkutan administration af det terapeutiske middel til patienten, idet administrationsrøret (350) rager ud fra og generelt er vinkelret på patientfladen (314), hvor administrationsrøret (350) definerer en indførerakse (334) og er i fluidforbindelse med indføreråbningen (330); et plaster (320), der er fastgjort til patientfladen (314) og klæbende kan fastgøres til patienten; og en injektionsadapter-(400)-samling, der kan forbindes med injektionsåbningen (340), idet injektionsadapter-(400)-samlingen kan modtage en kanylefri peninjektor (500); **kendetegnet ved** yderligere at indbefatte en pop-up-indikator, der er anbragt i indførerkanalen (332, 632), idet pop-up-indikatoren har en normal tilstand, når trykket i indførerkanalen (332, 632) er normalt, og en alarmtilstand, når trykket i indførerkanalen (332, 632) overstiger en forudbestemt værdi.

2. Injektionsindretning ifølge krav 1, hvor pop-up-indikatoren indbefatter en selvlukkende åbning (604), der kan modtage en kanyle i en kanyleansatssamling.

3. Injektionsindretning ifølge krav 1, hvor pop-up-indikatoren har en membran (602), der er valgt fra gruppen bestående af en foldet membran, en harmonikamembran og en deformerbar membran.

4. Injektionsindretning (300) ifølge krav 1, hvor injektionsåbningen (340) rummer en sensor (351) og indbefatter koblingselementer til fastgørelse af sensorelektronik.

5. Injektionsindretning (300) ifølge krav 4, hvor sensorelektronikken indbefatter en strømforsyning til sensoren (351).

6. Injektionsindretning (300) ifølge krav 1, hvor injektionsadaptersamlingen (400) indbefatter en reces (412) til modtagelse af den kanylefrie peninjektor (500), idet recessen (412) indbefatter en adapterkanyle (416), der kan få adgang til det terapeutiske middel, som er indeholdt i den kanylefrie peninjektor (500).

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7. Injektionsindretning (300) ifølge krav 1, der yderligere indbefatter et injektionsseptum (346).

8. Injektionsindretning (300) ifølge krav 1, hvor injektionsaksen (344) er parallel med og ikke gennemskærer indføreraksen (334).

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DRAWINGS

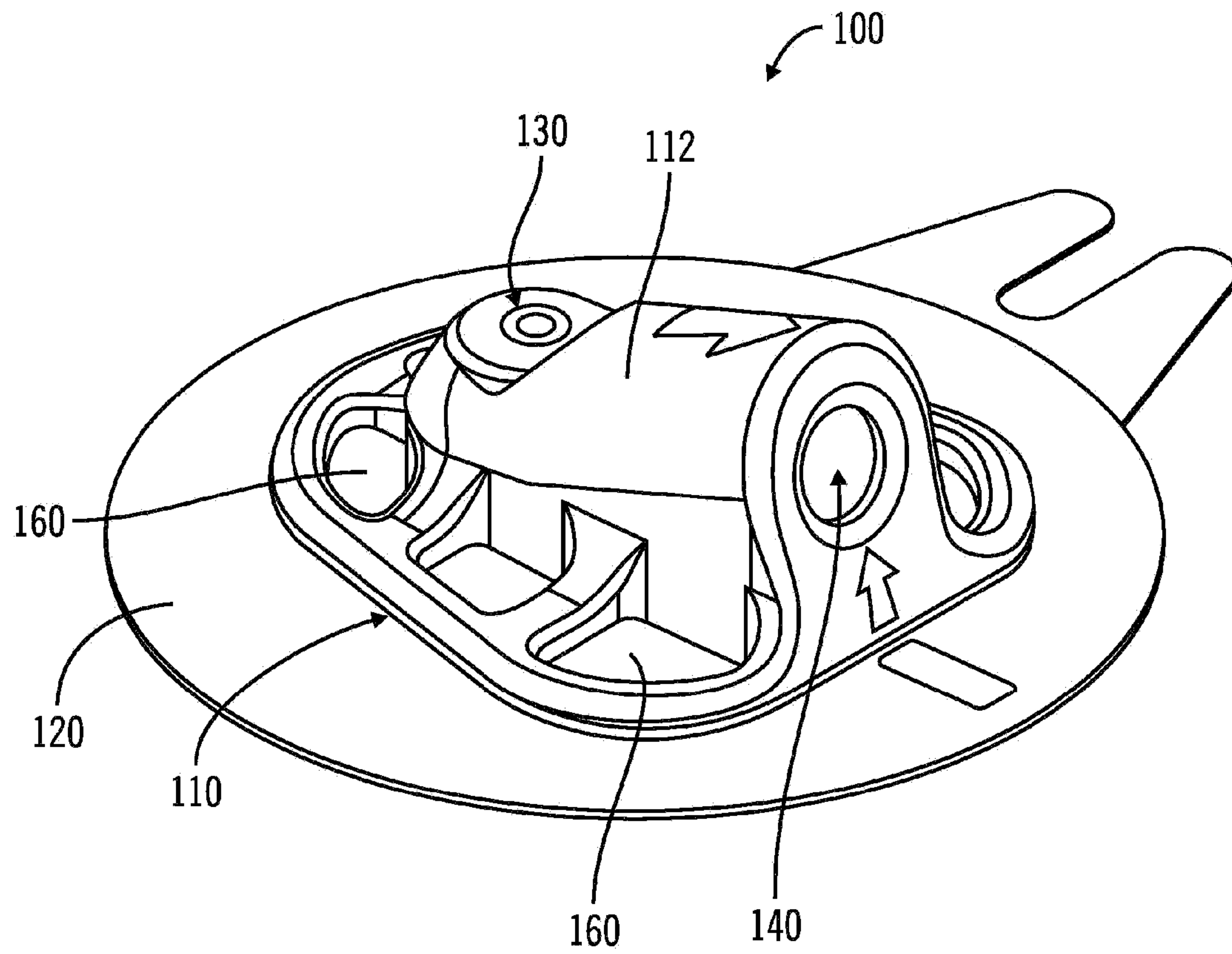
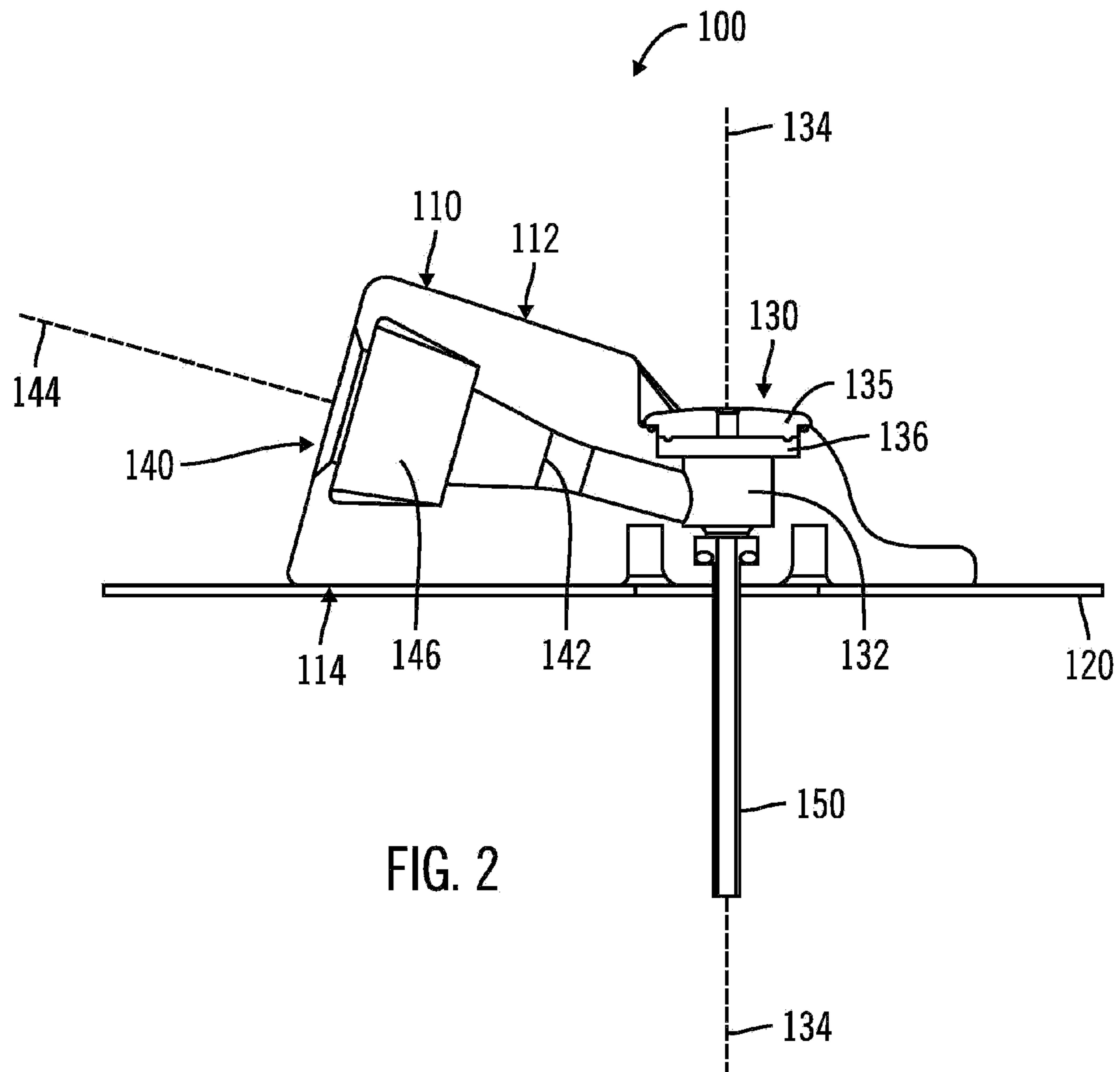
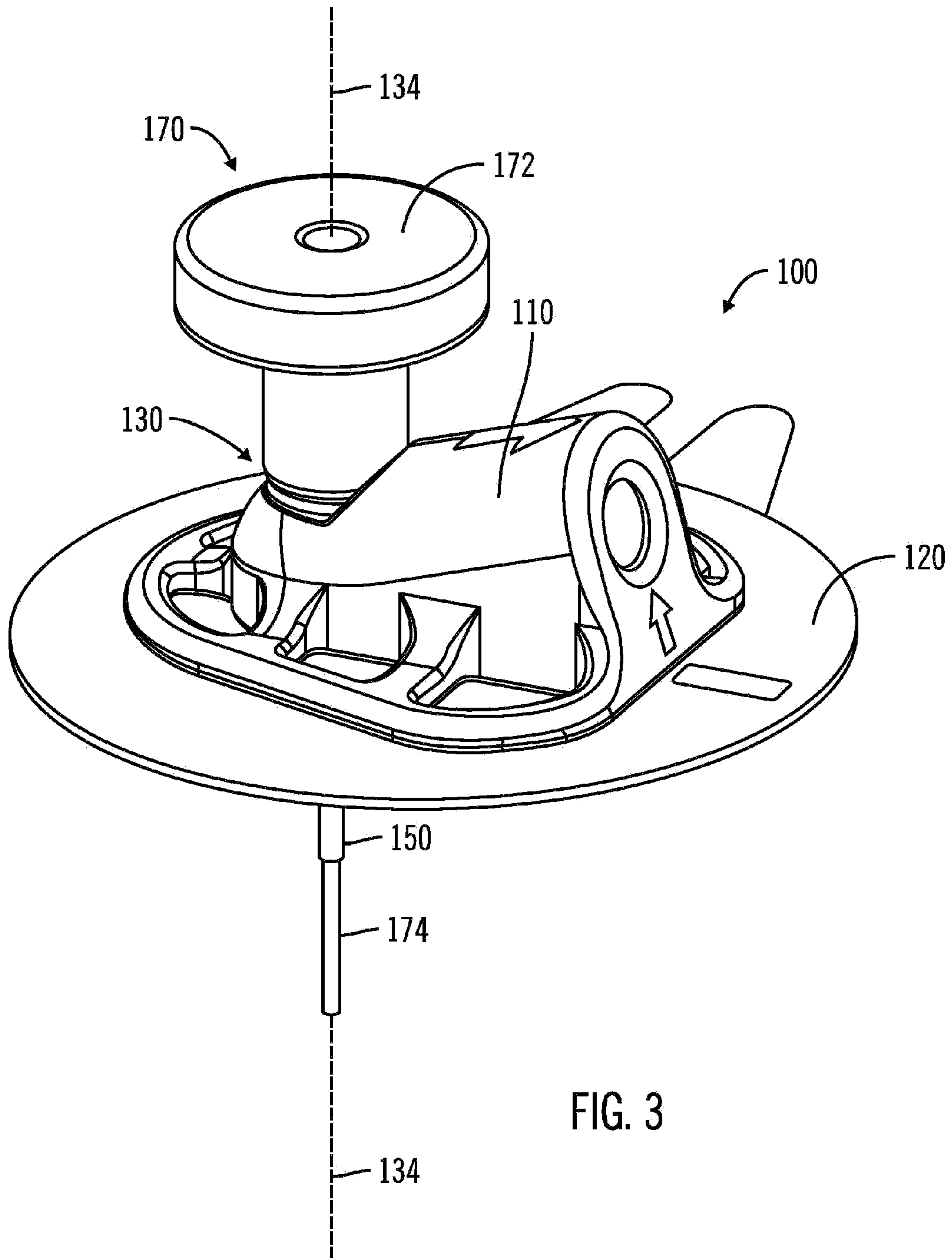
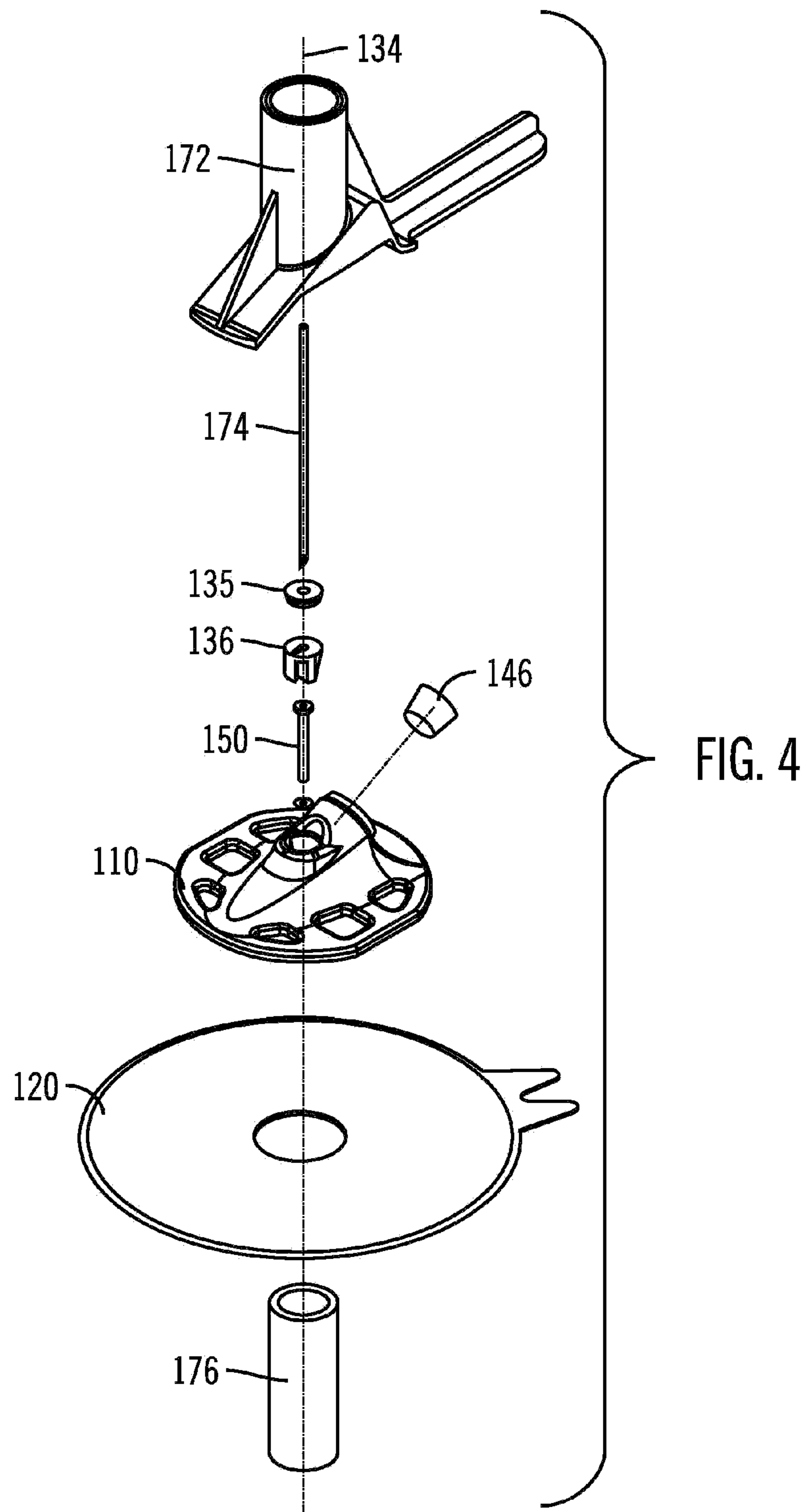


FIG. 1







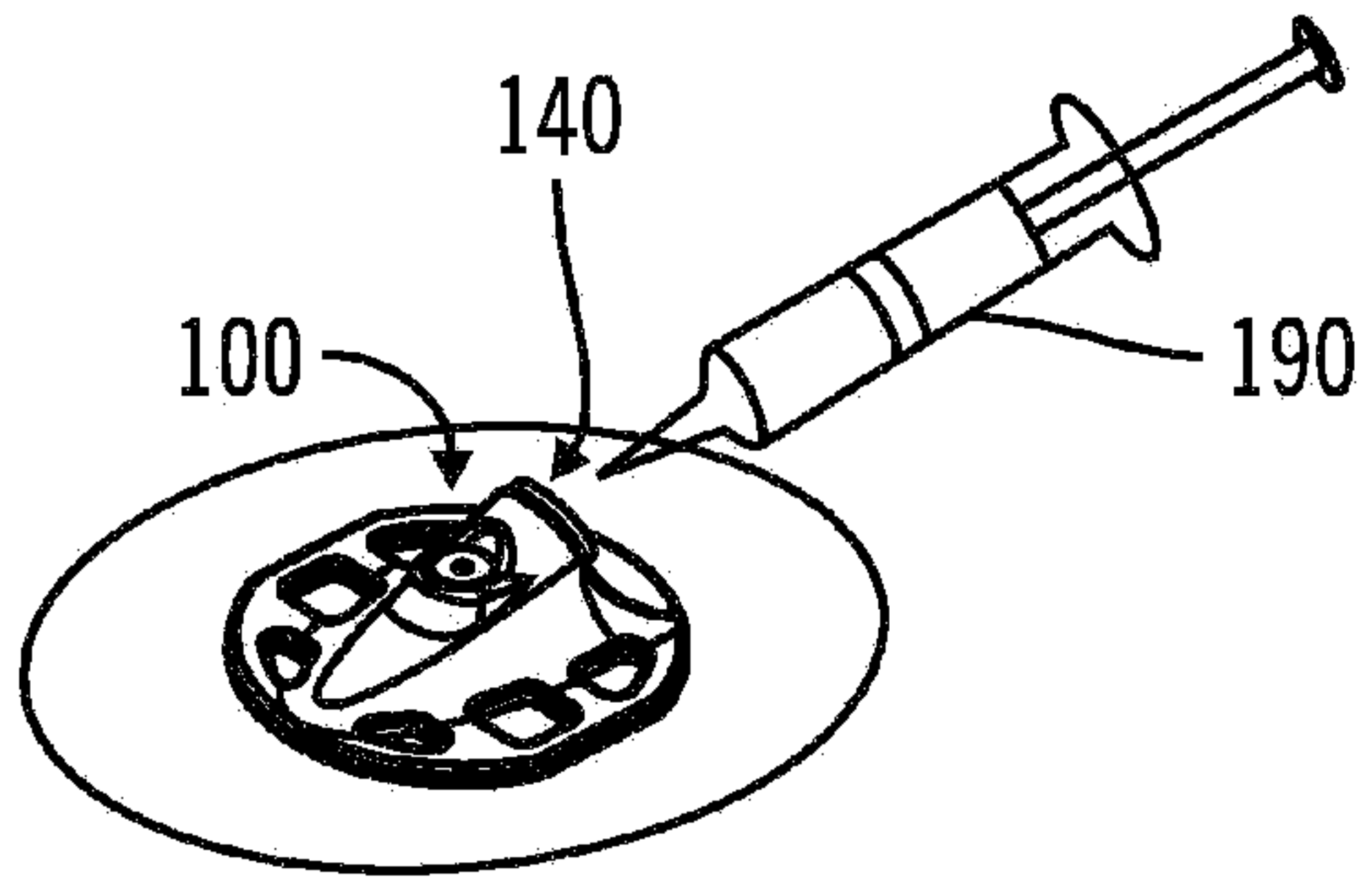


FIG. 5A

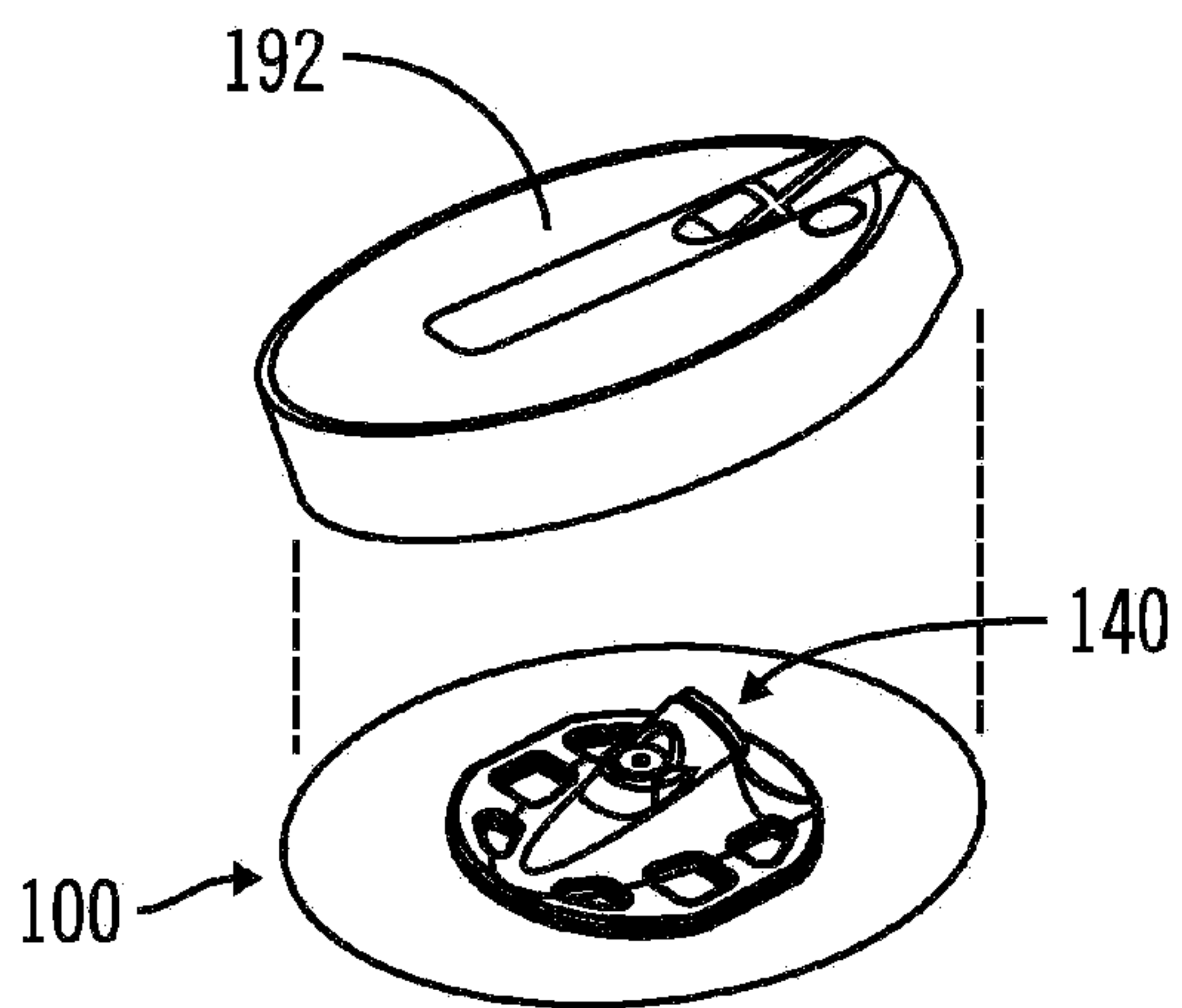


FIG. 5B

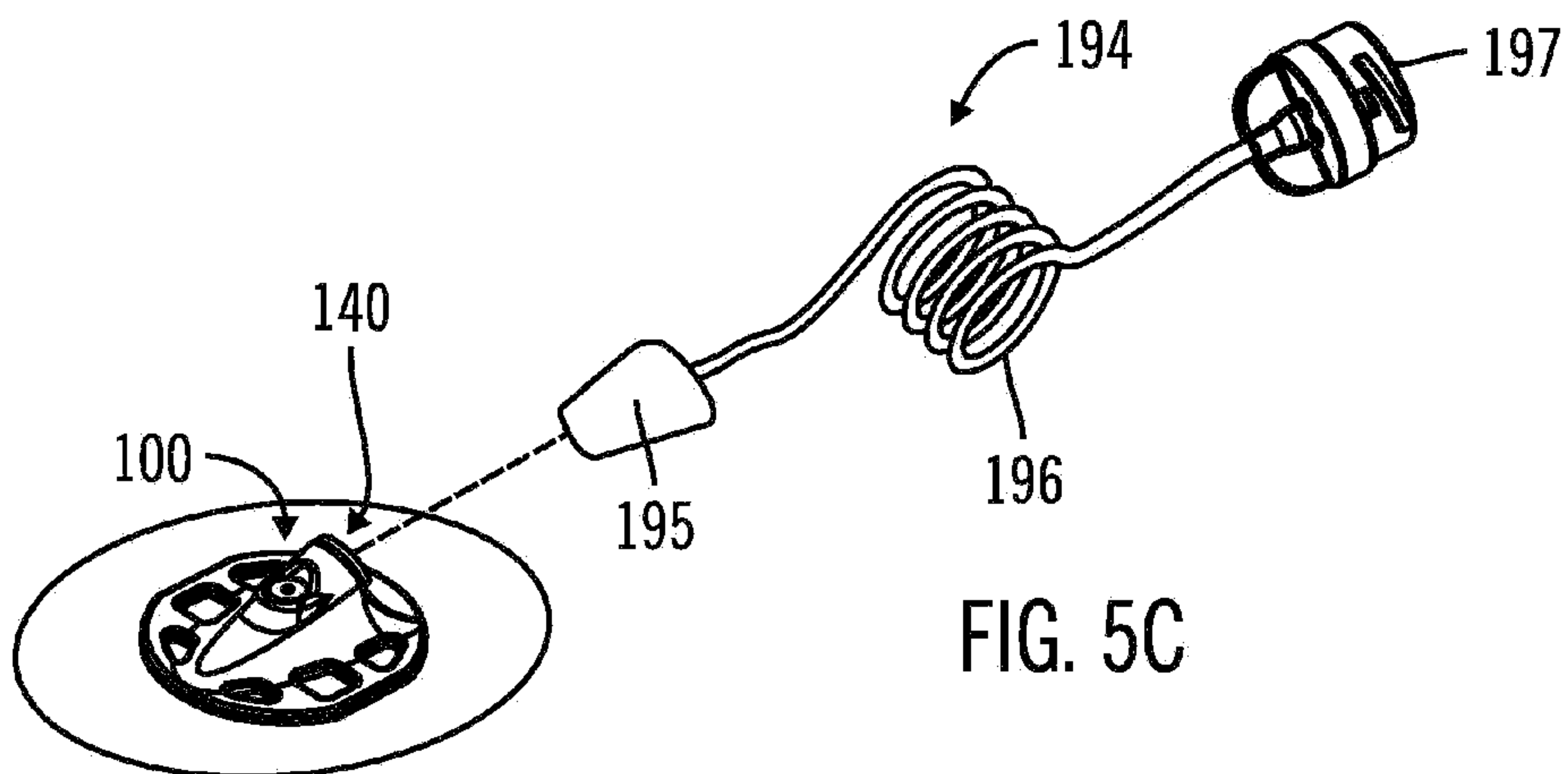


FIG. 5C

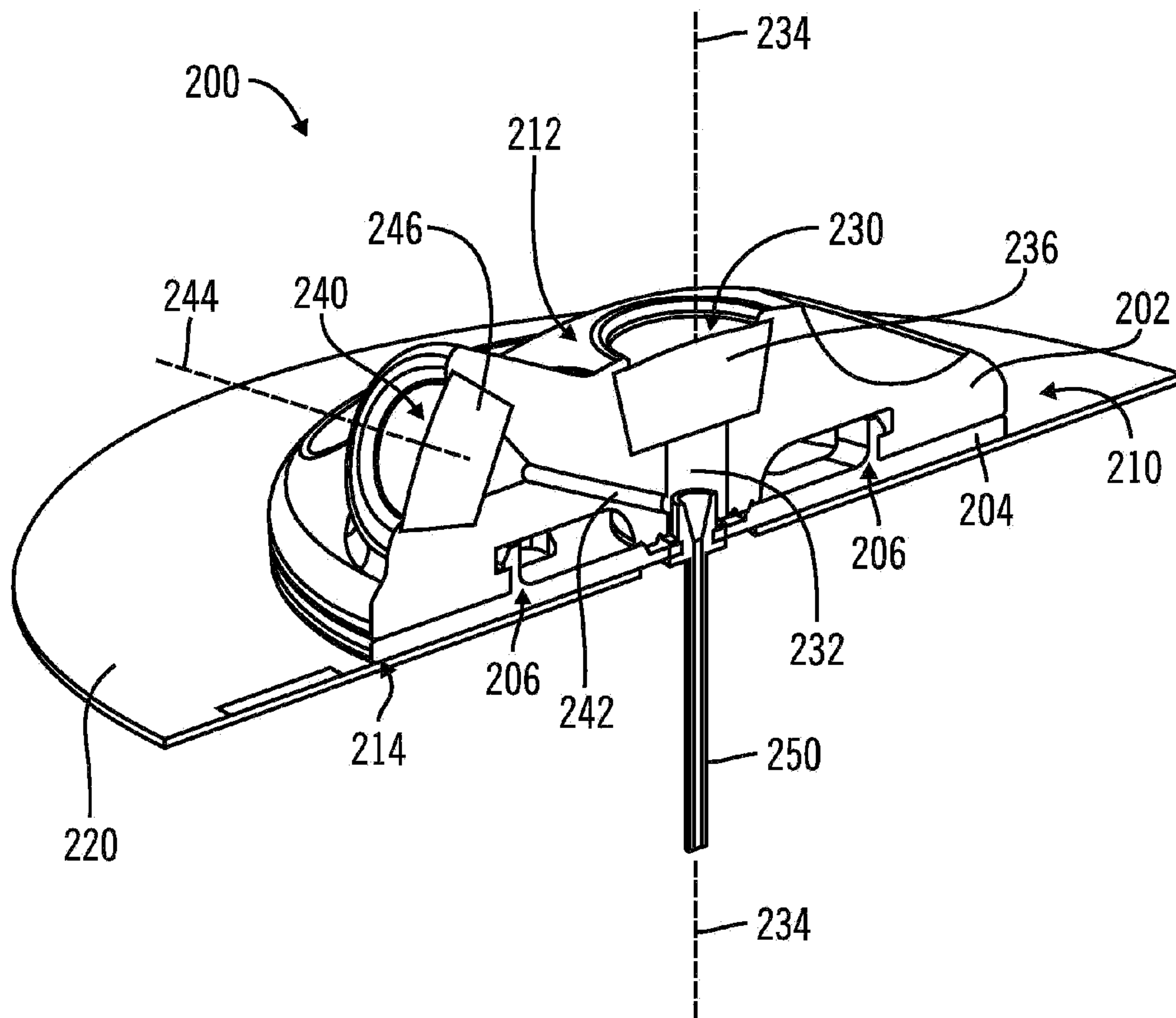


FIG. 6

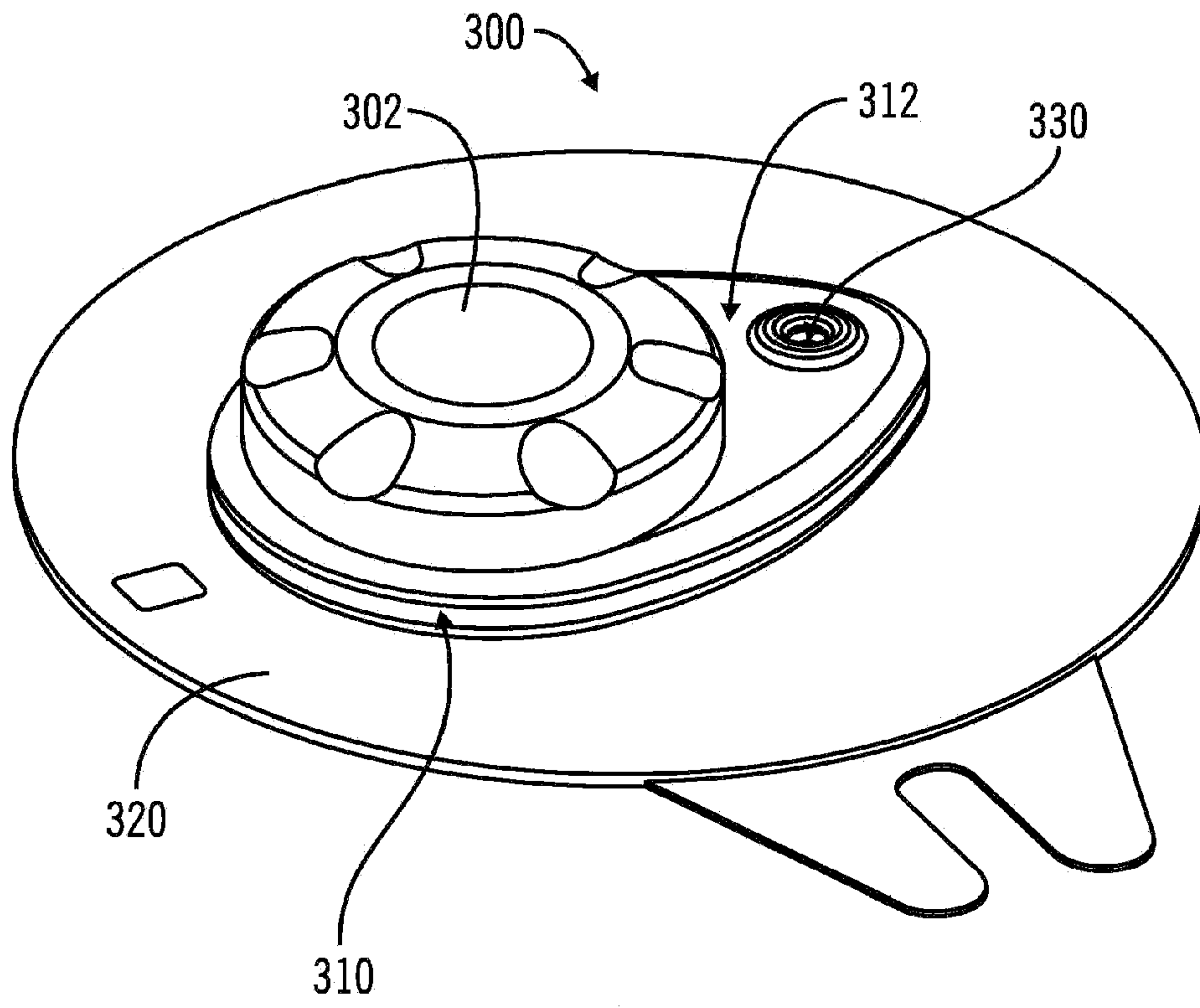


FIG. 7

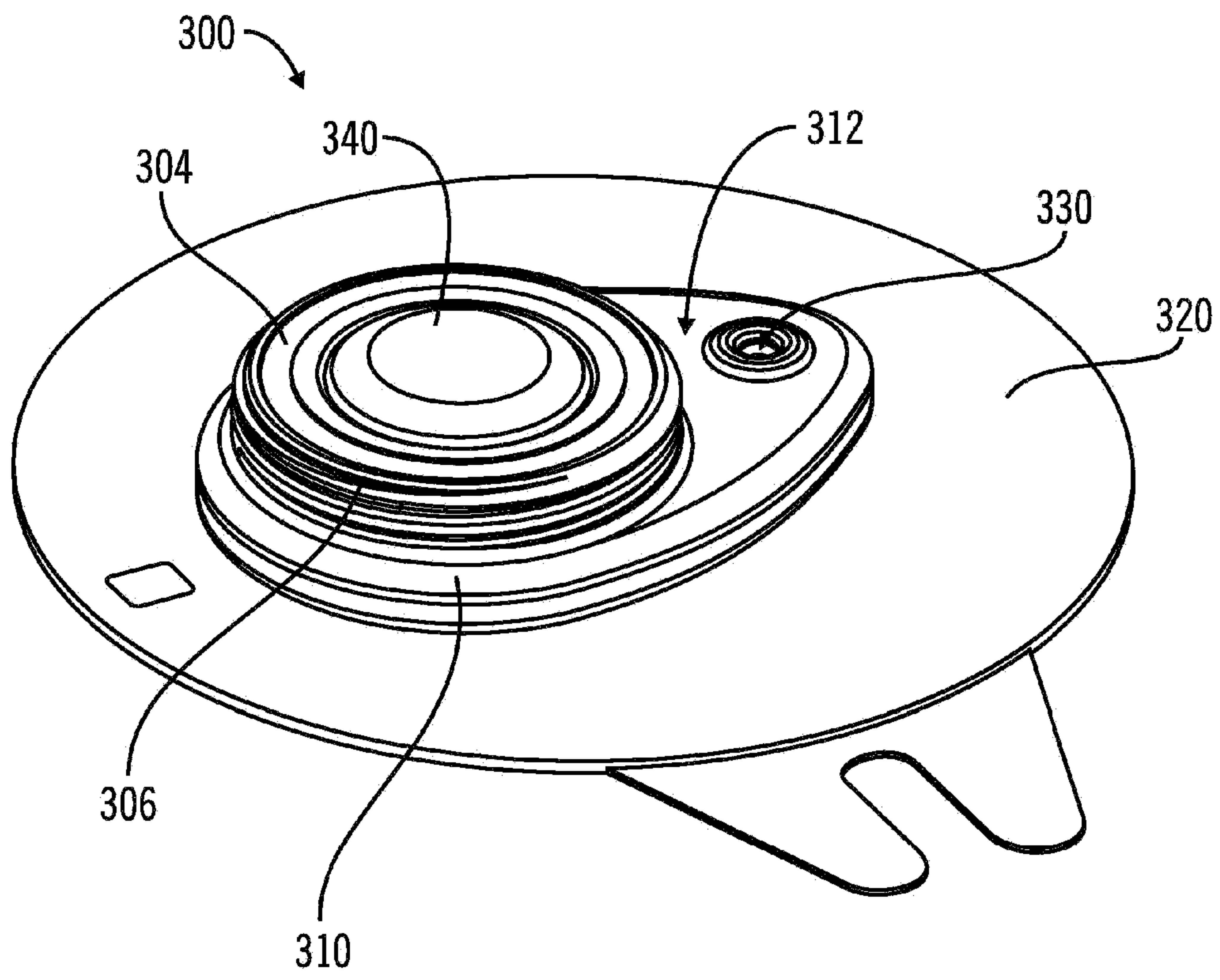
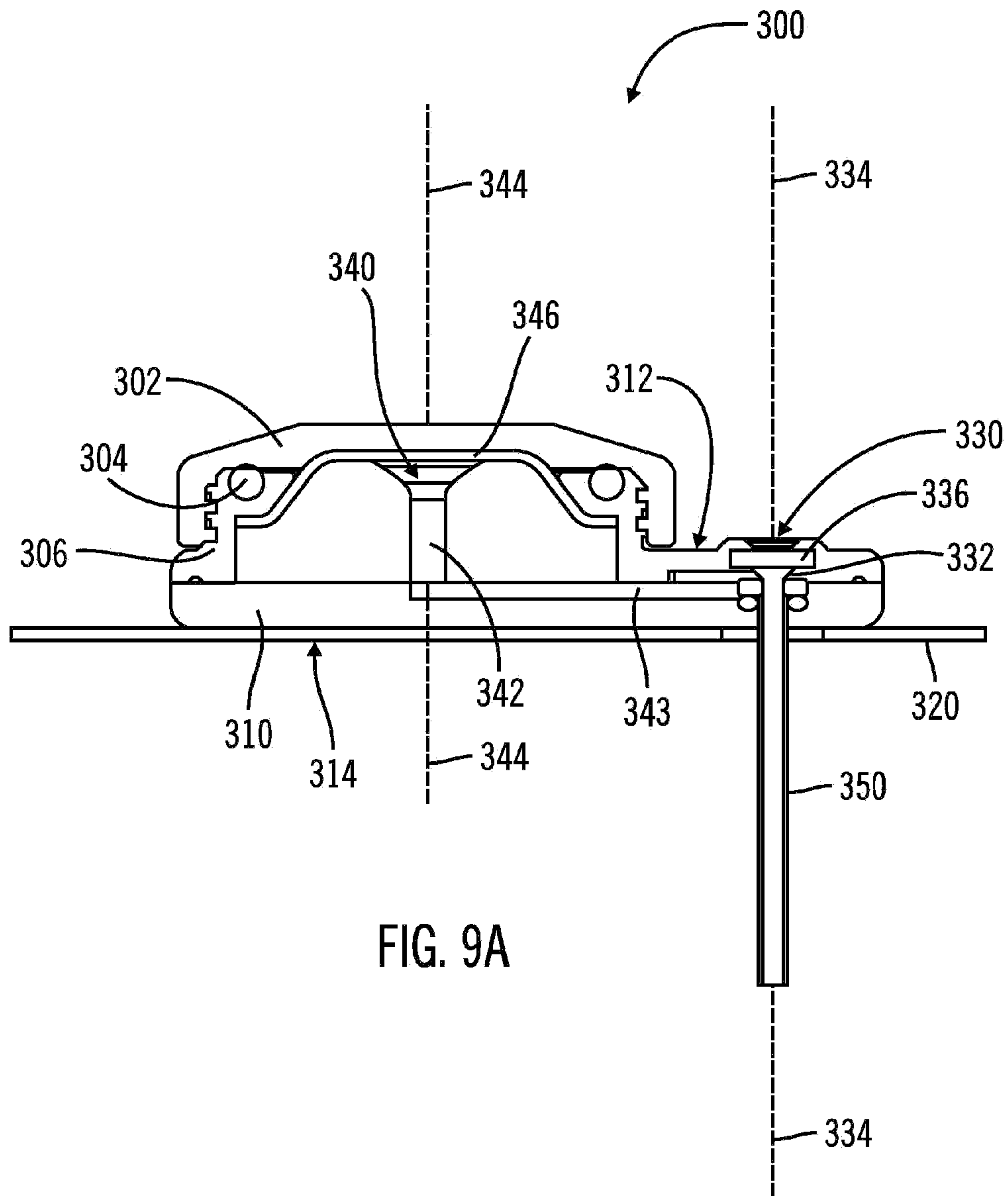


FIG. 8



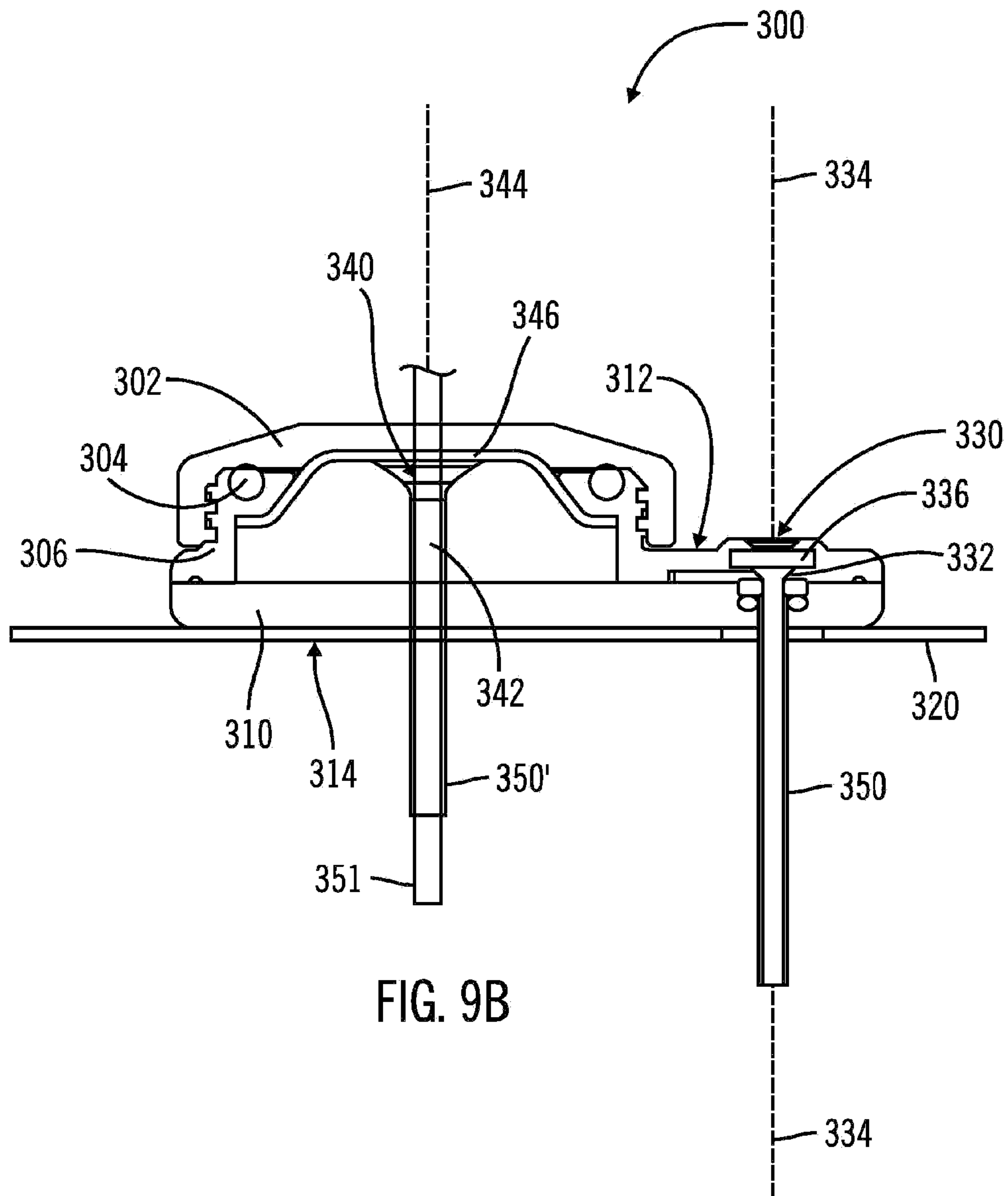
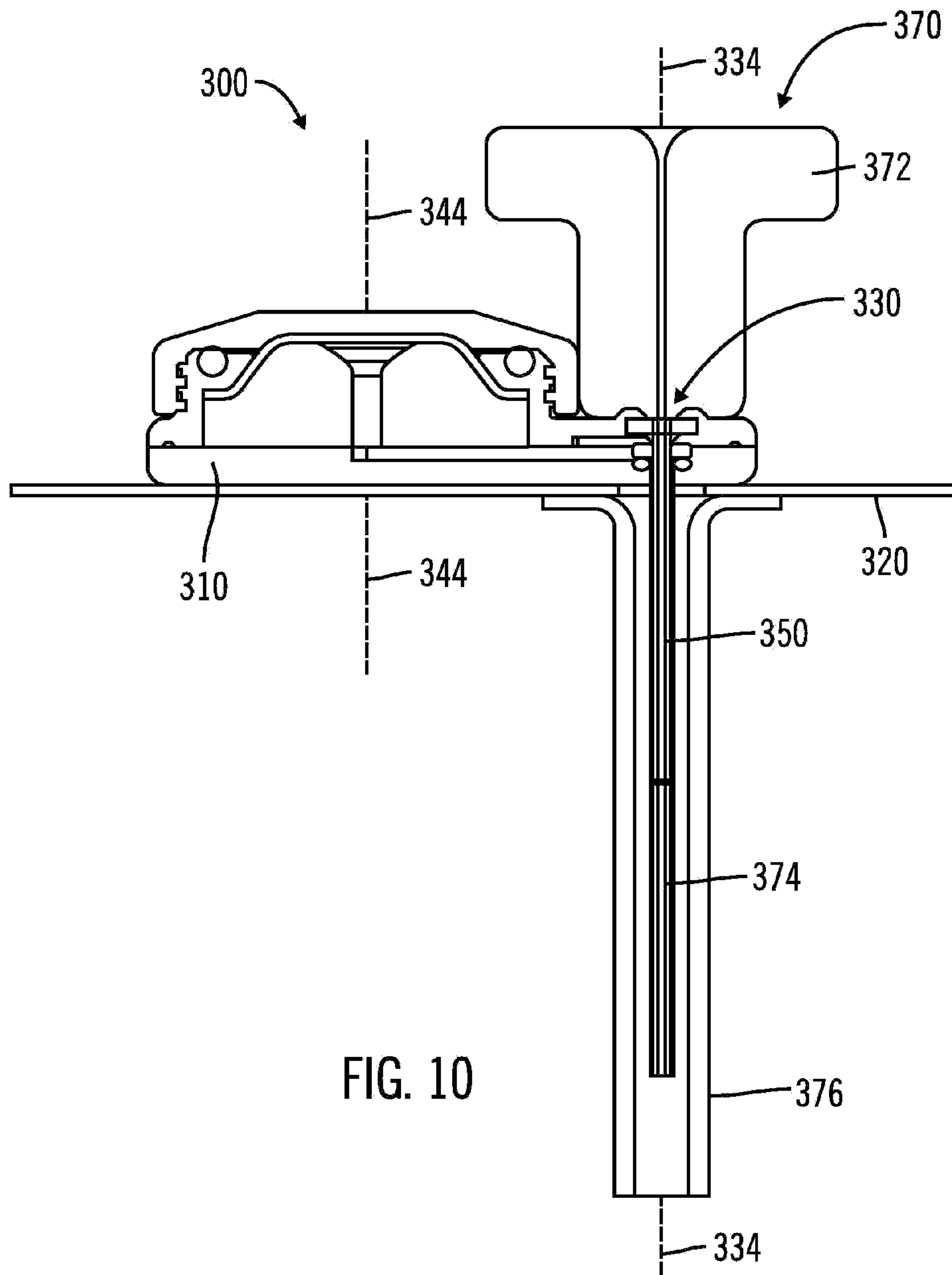


FIG. 9B



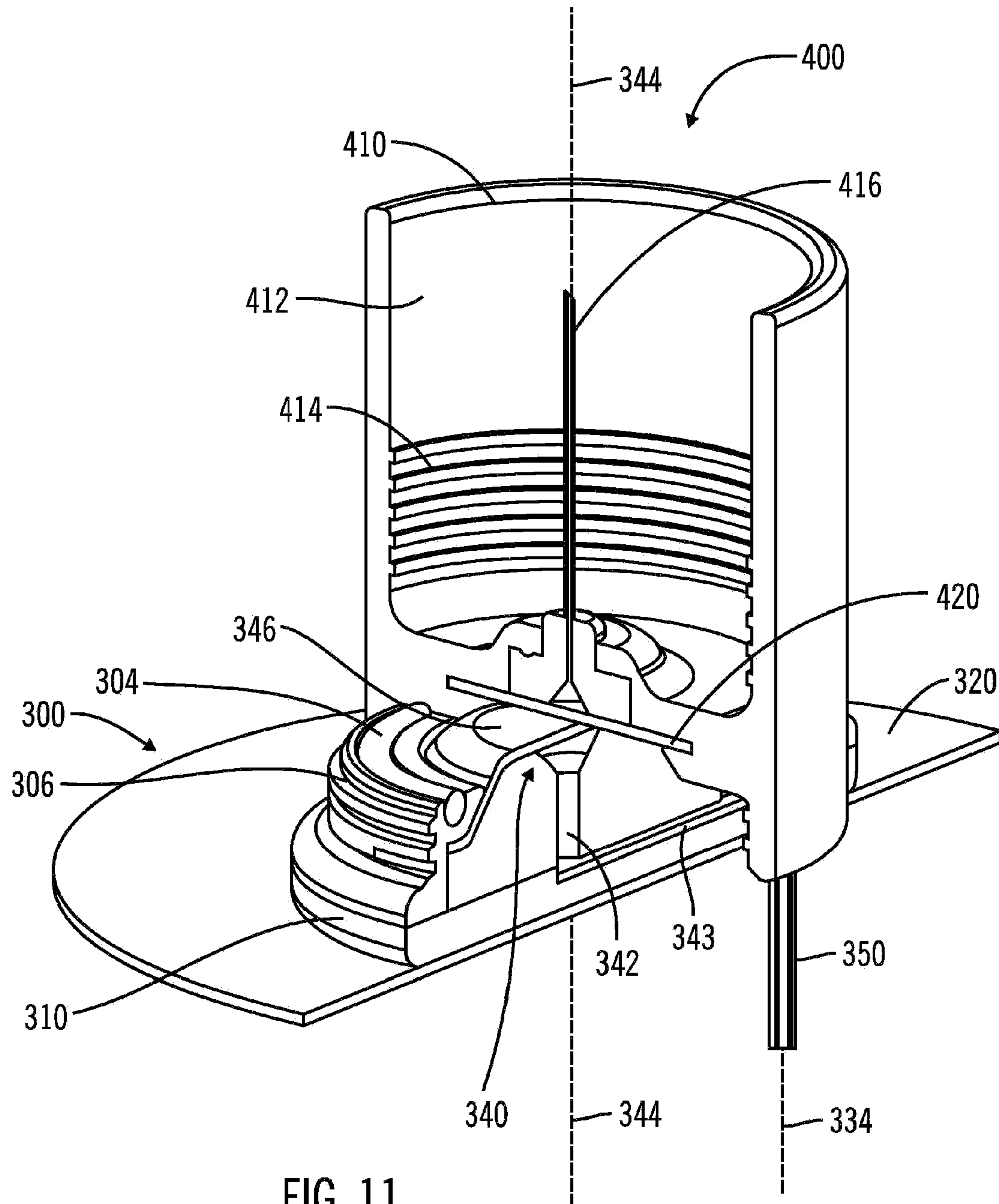


FIG. 11

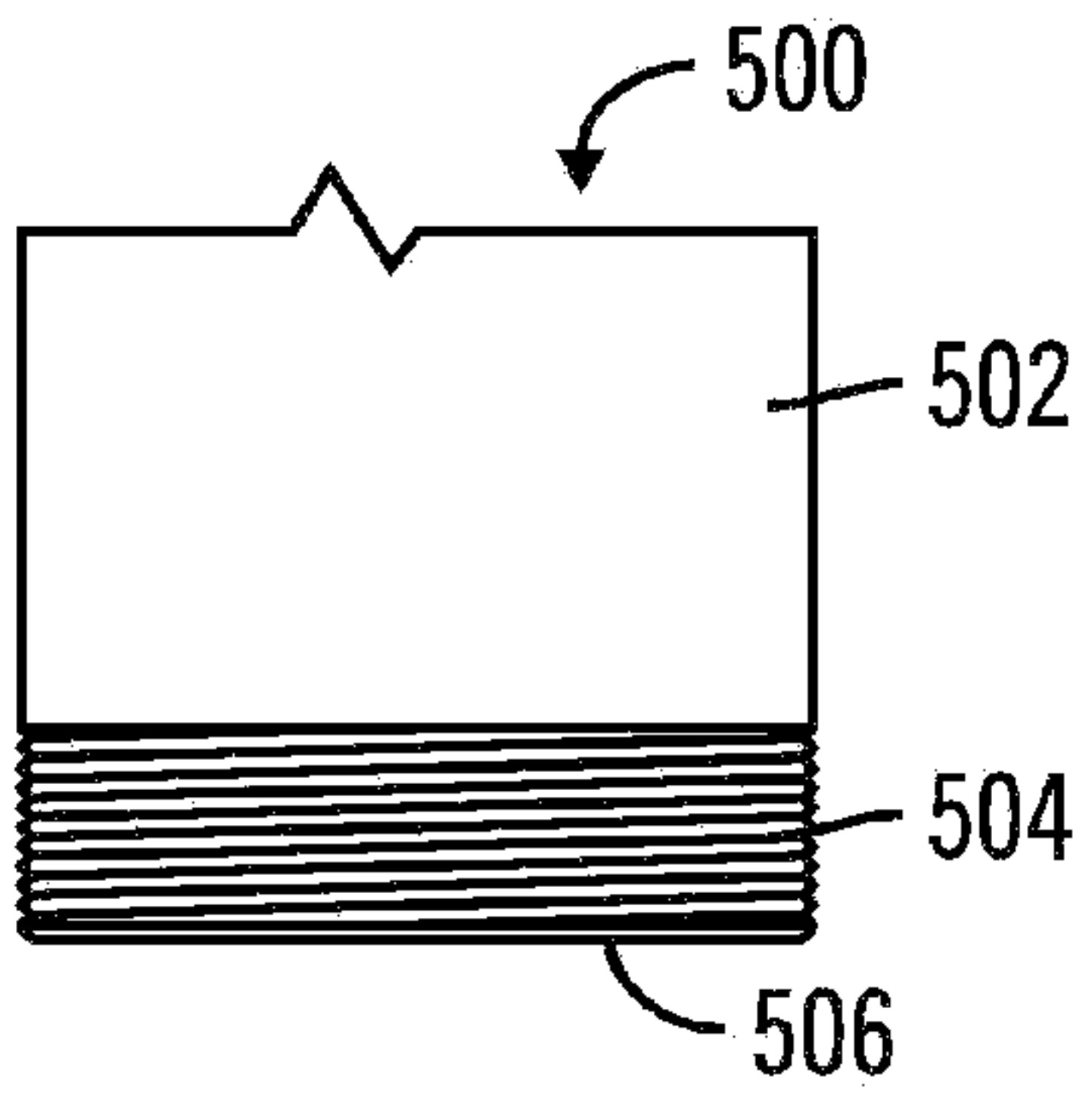


FIG. 12A

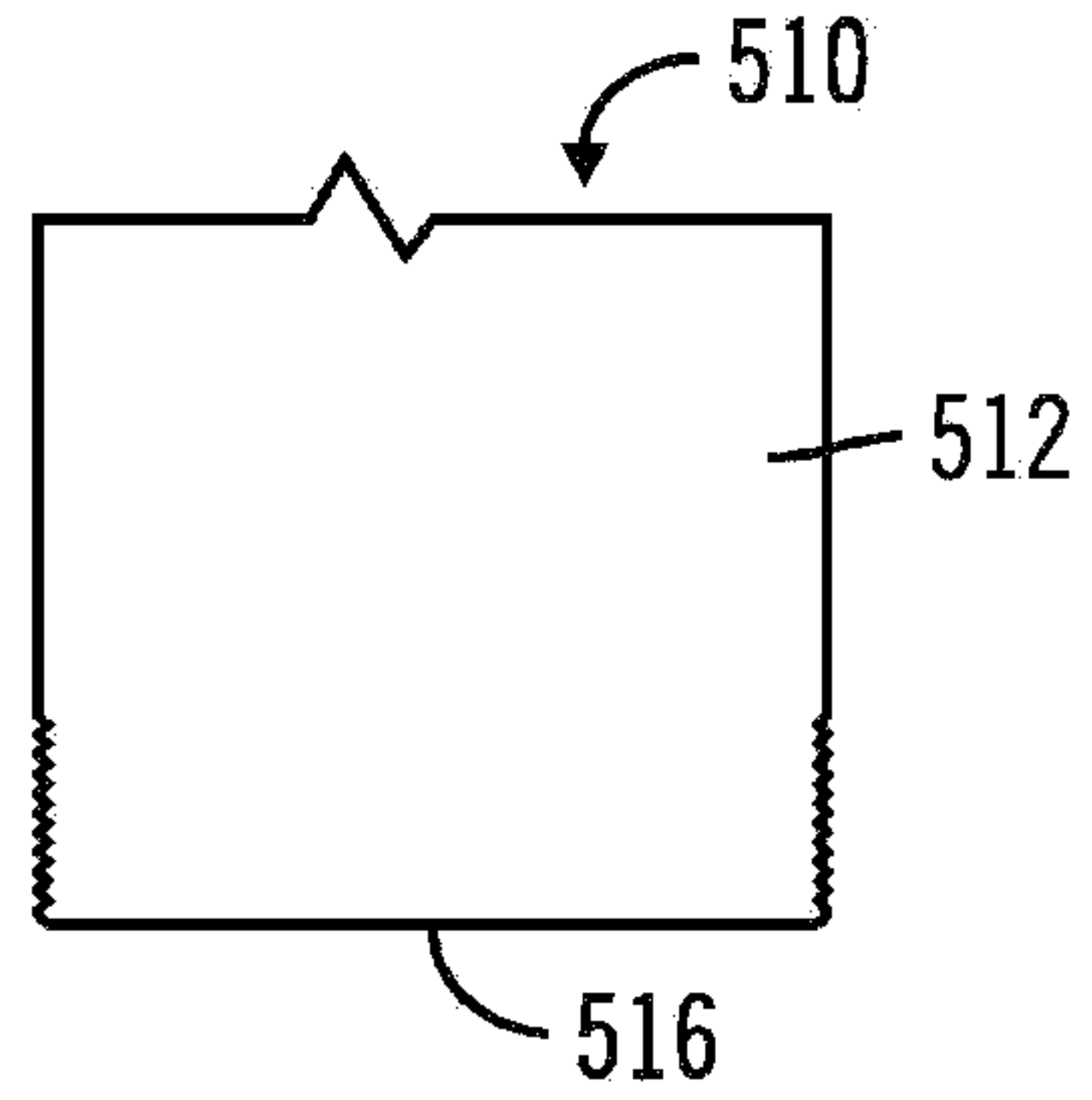


FIG. 12B

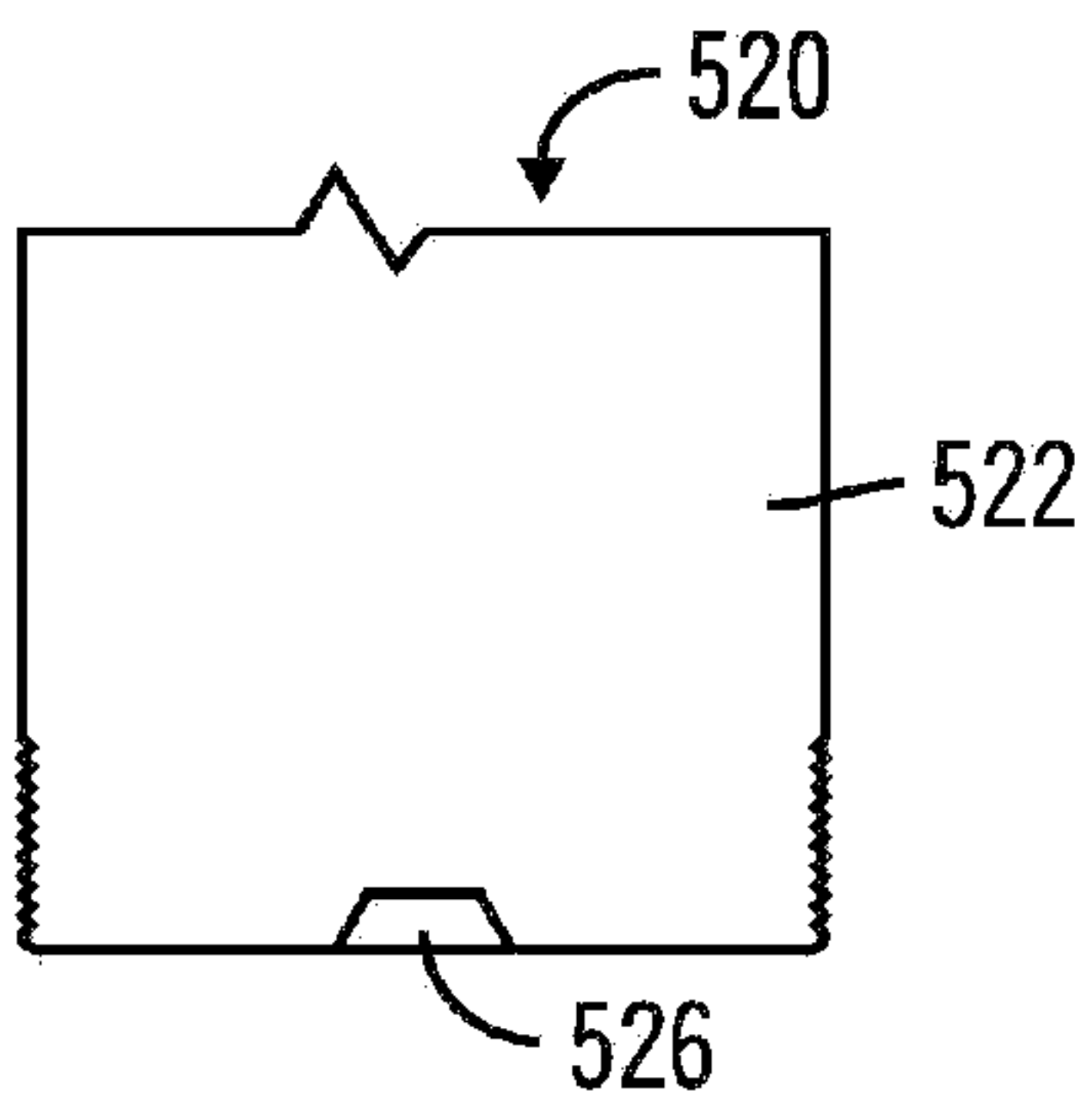


FIG. 12C

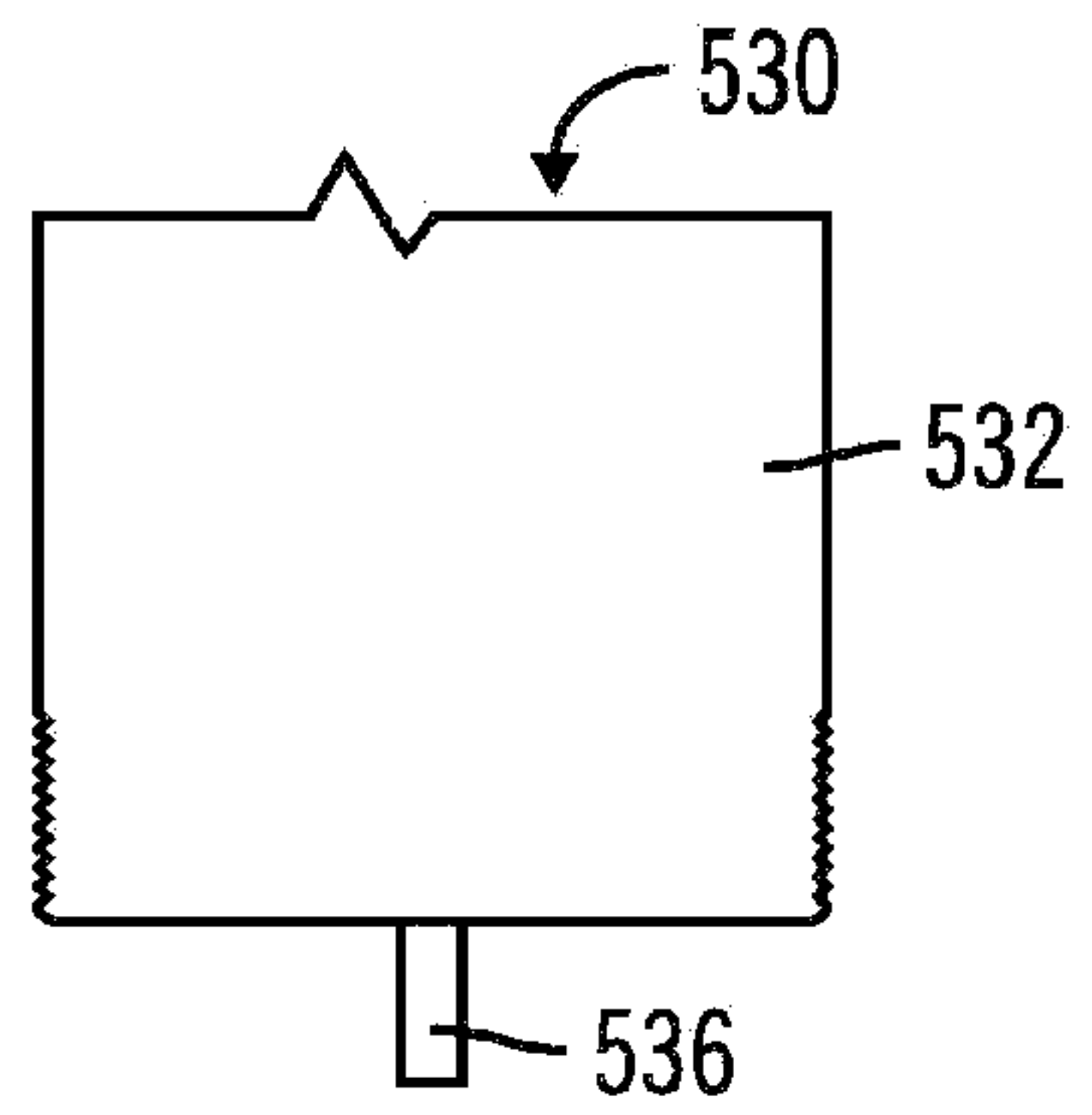


FIG. 12D

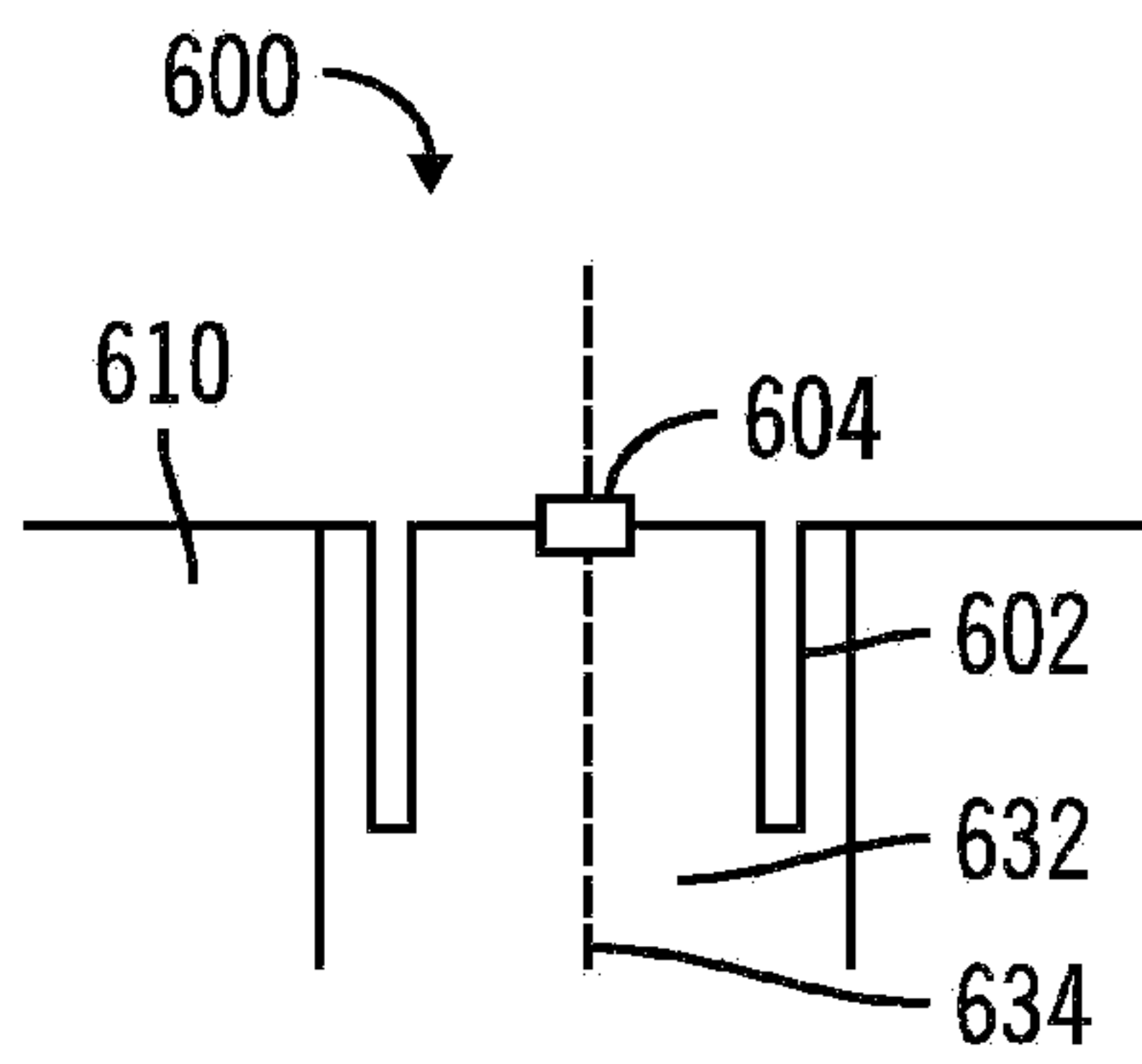


FIG. 13A

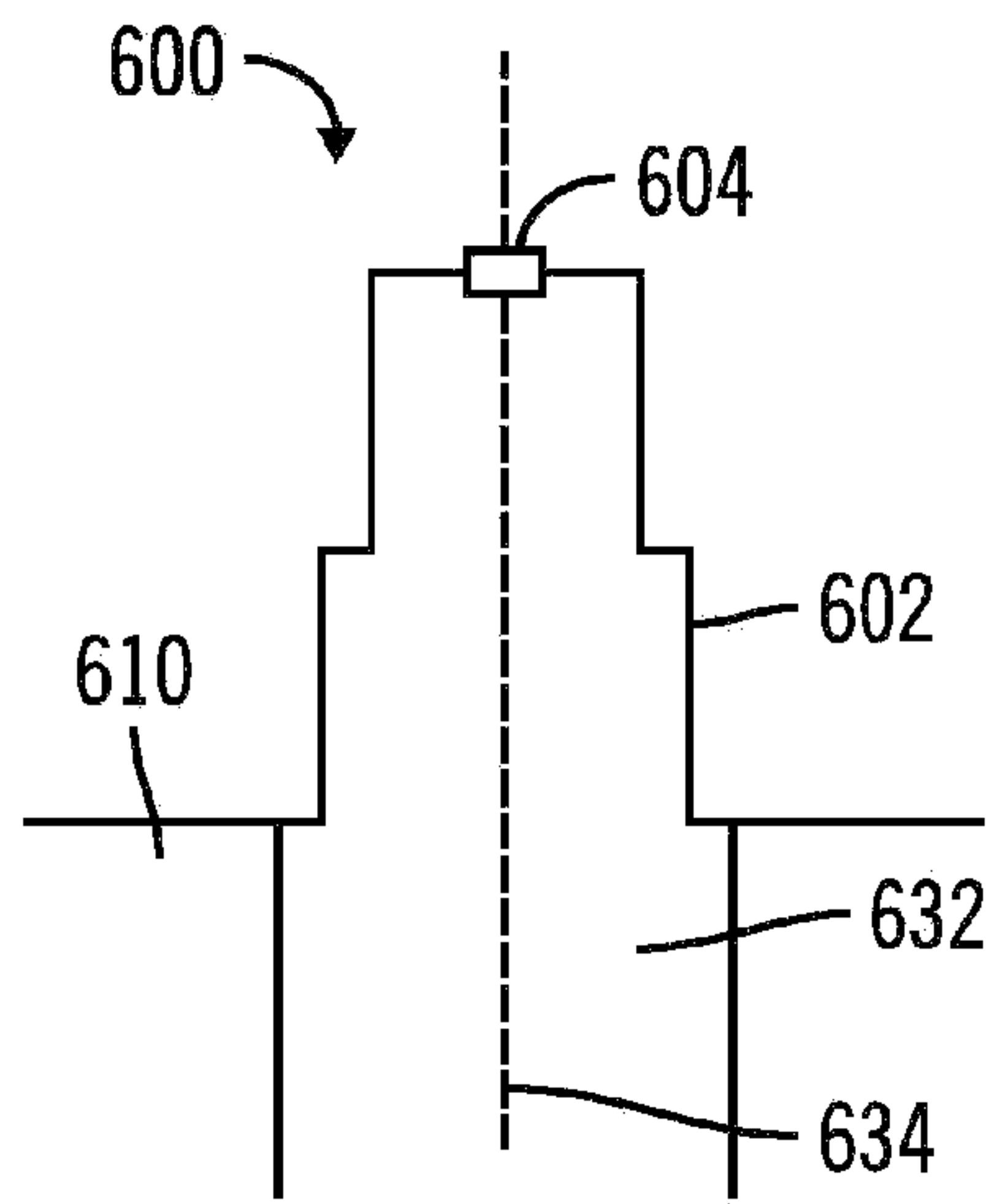


FIG. 13B

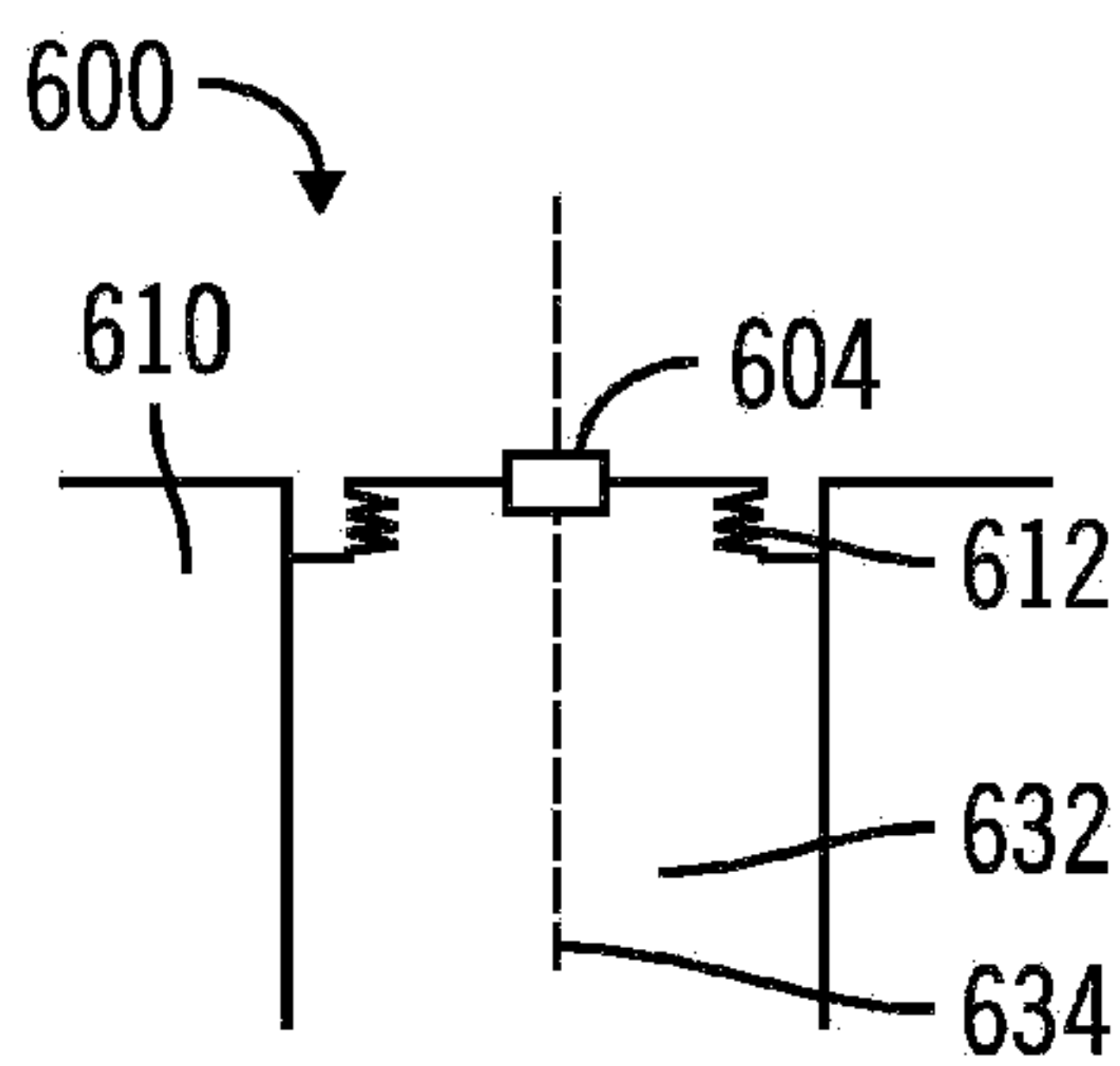


FIG. 13C

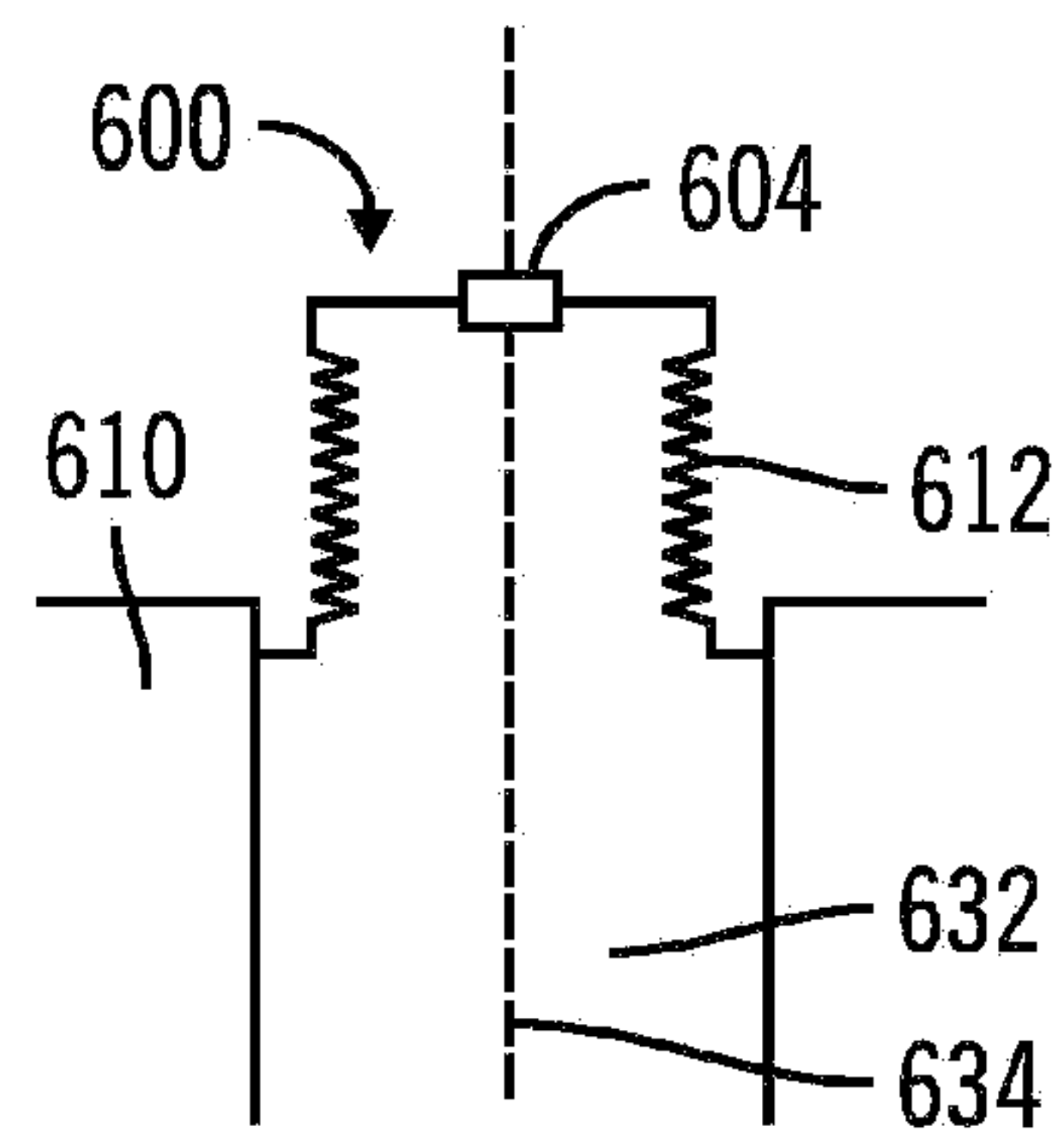


FIG. 13D

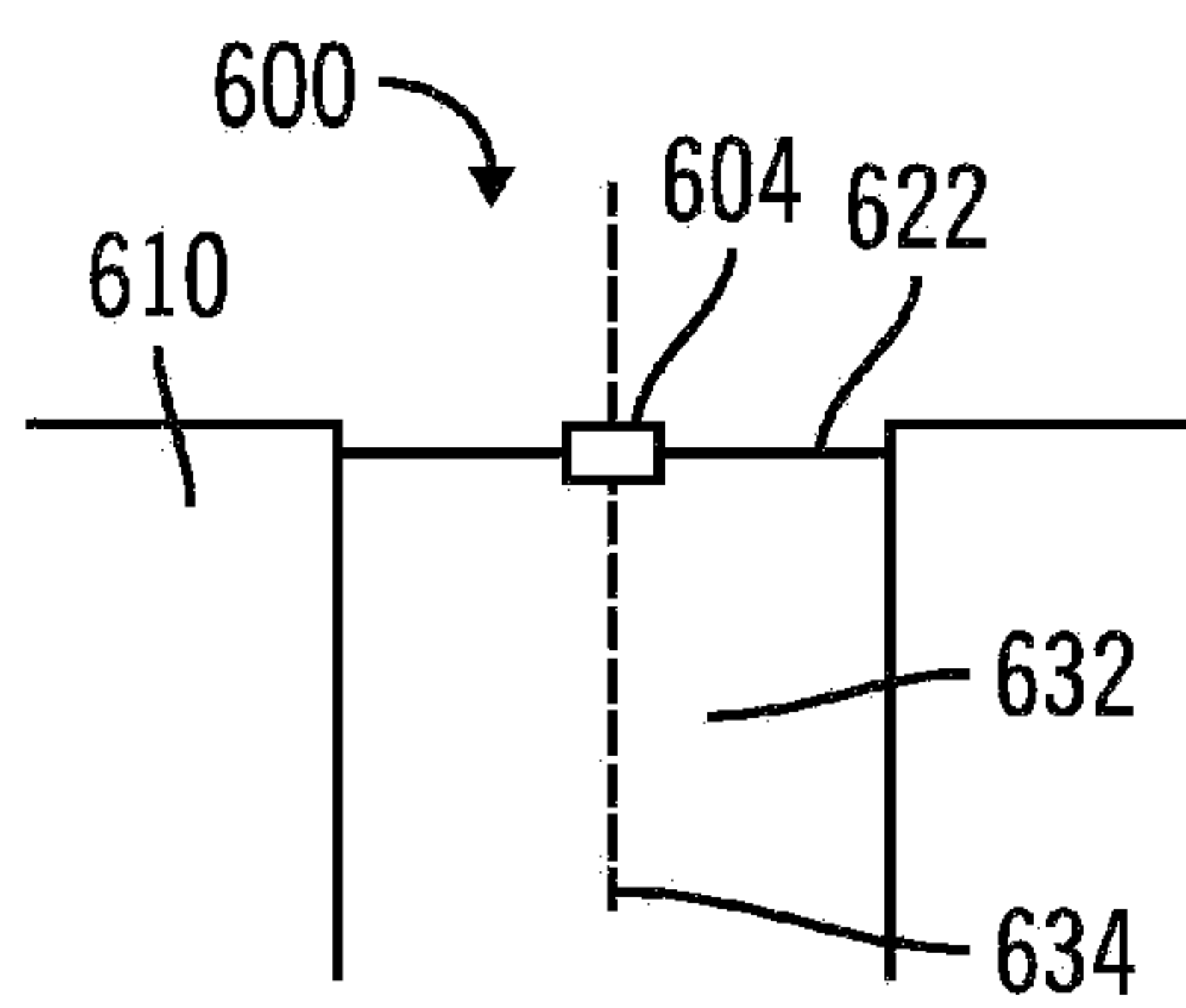


FIG. 13E

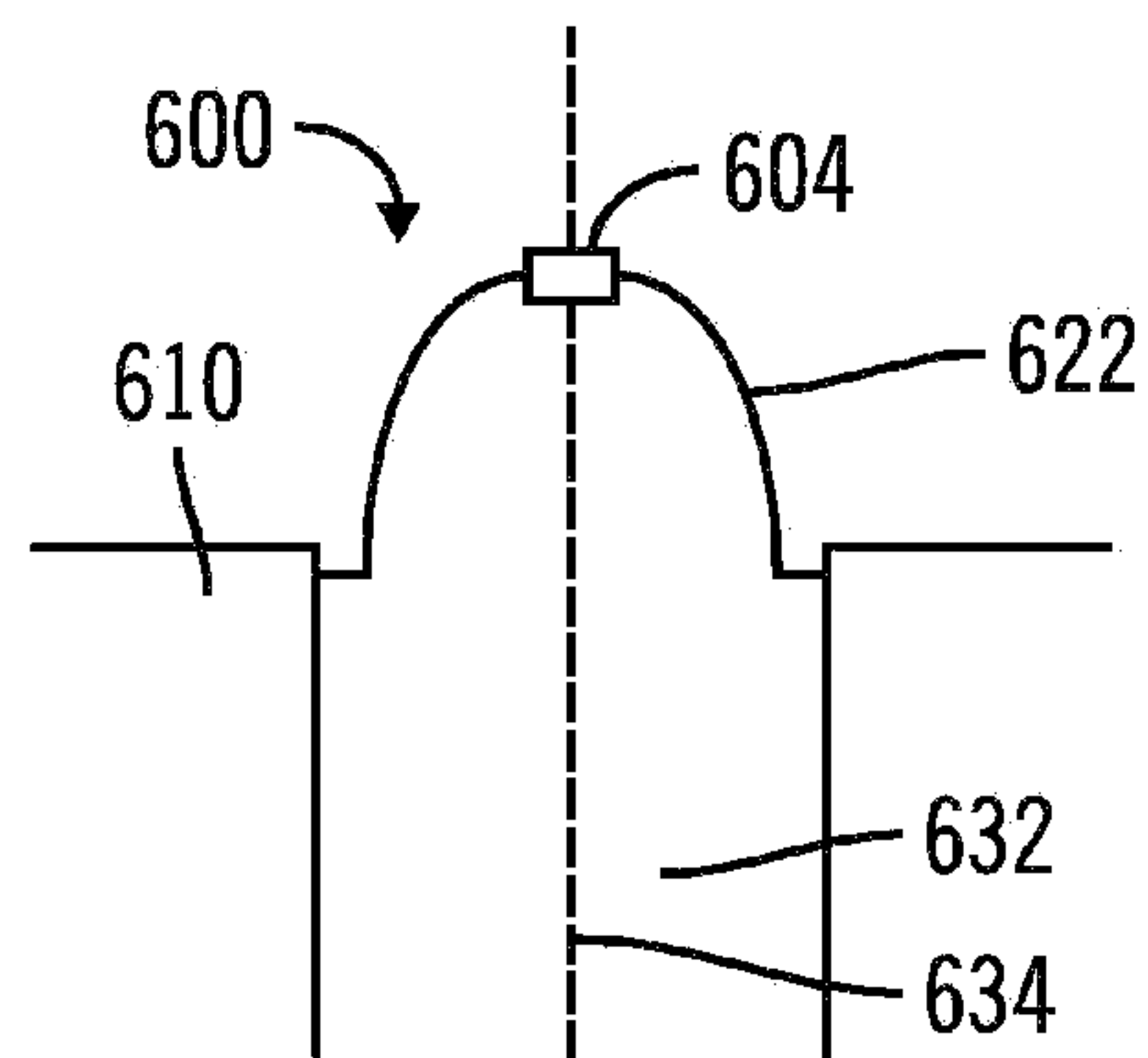


FIG. 13F

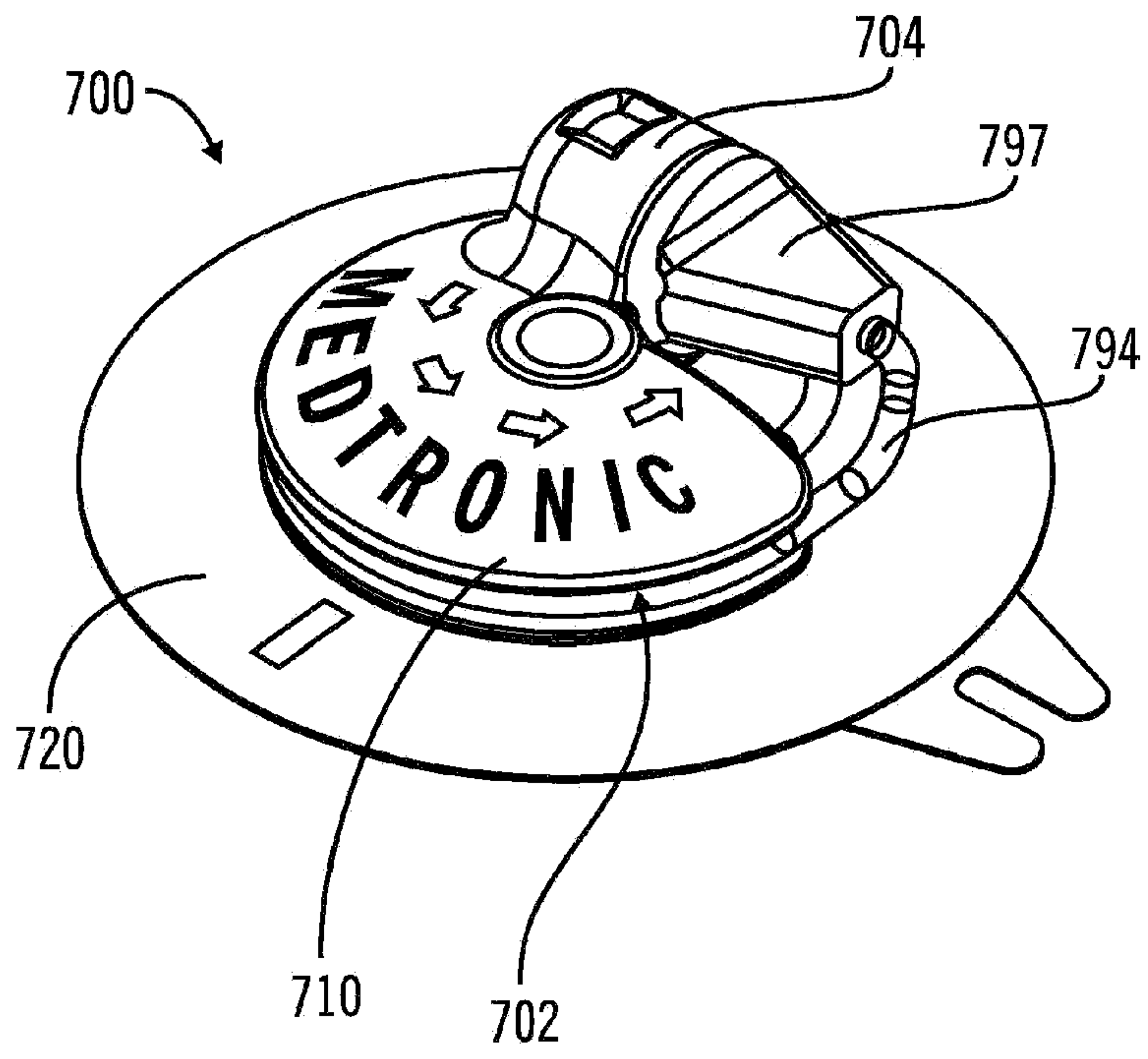


FIG. 14A

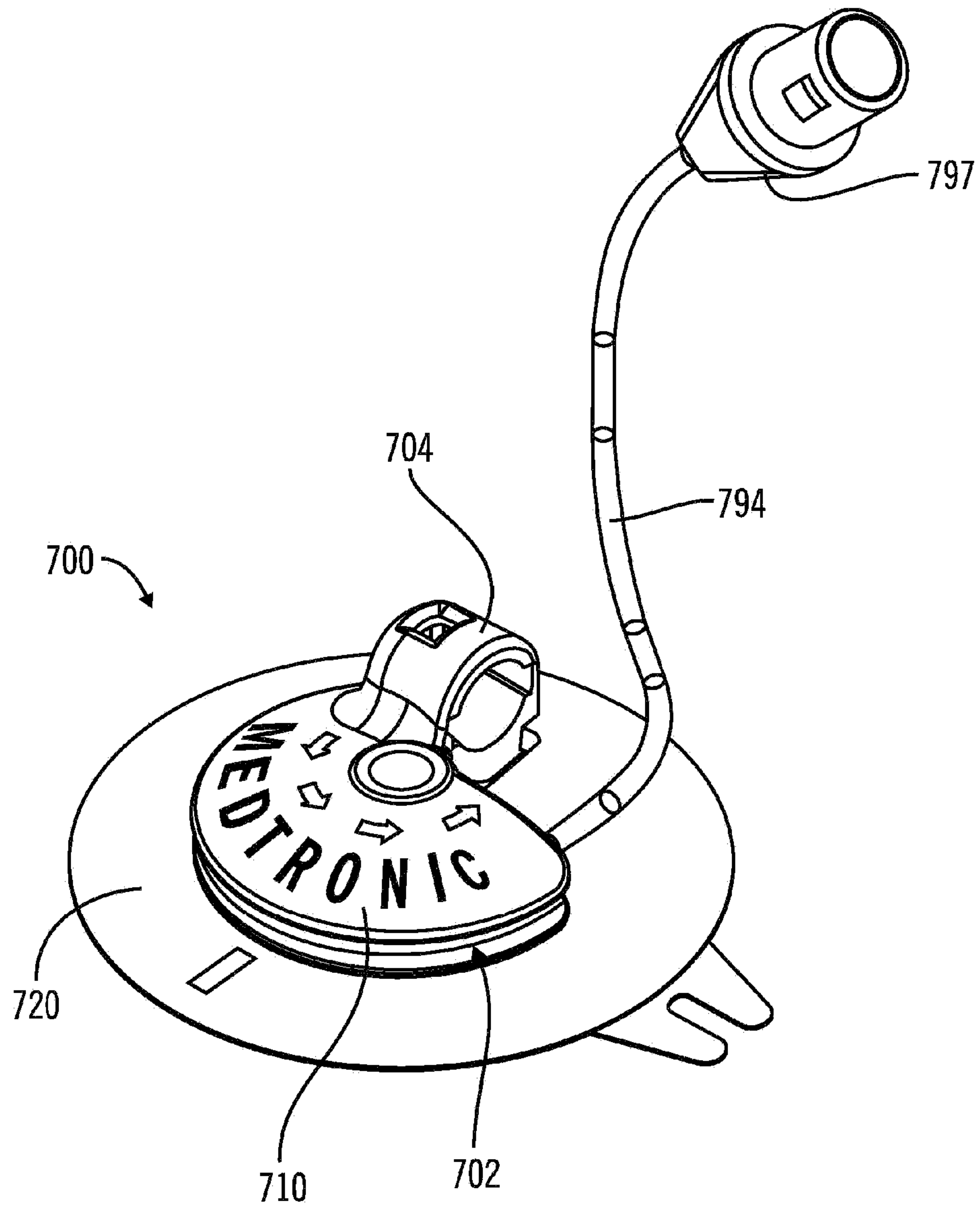


FIG. 14B

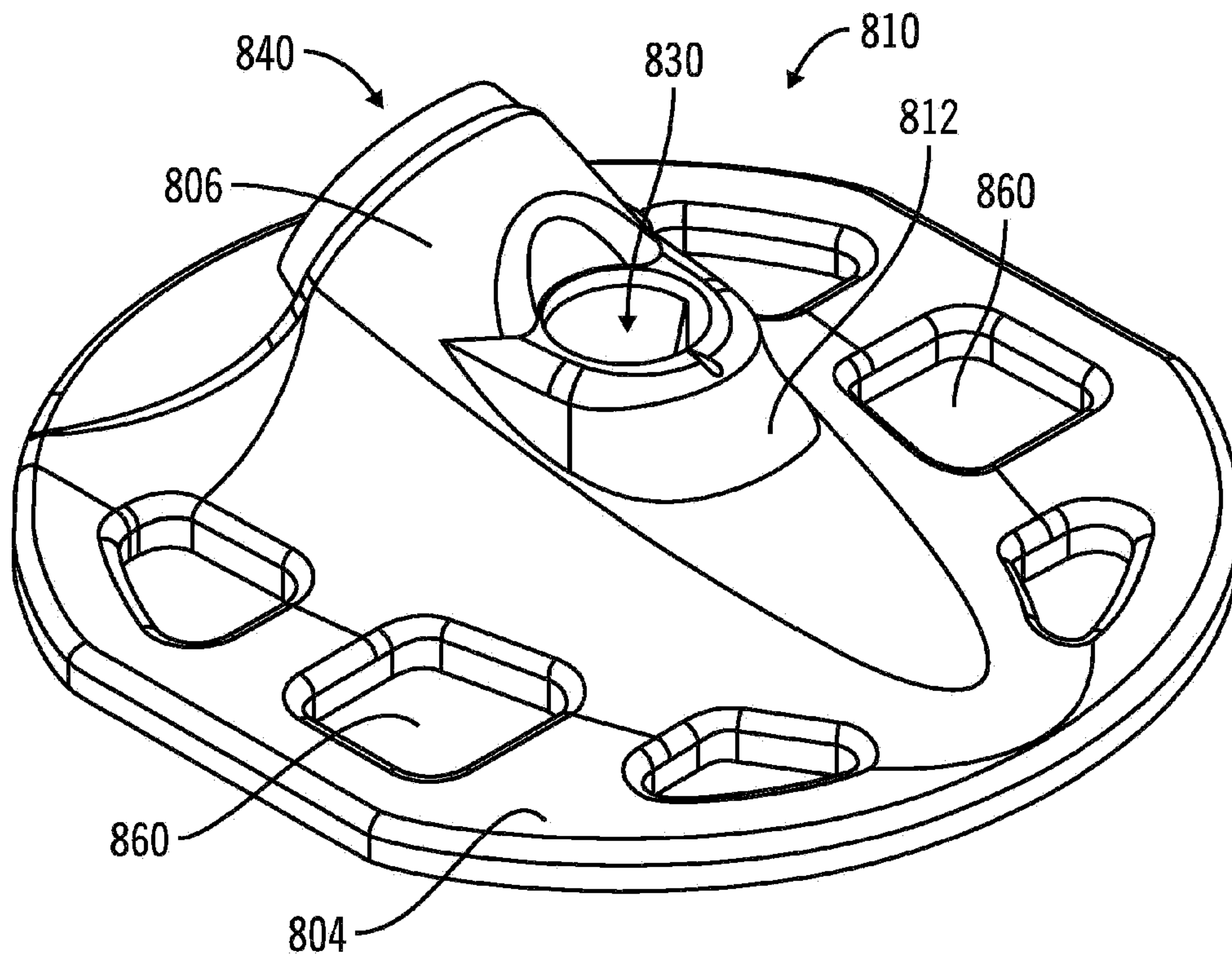


FIG. 15

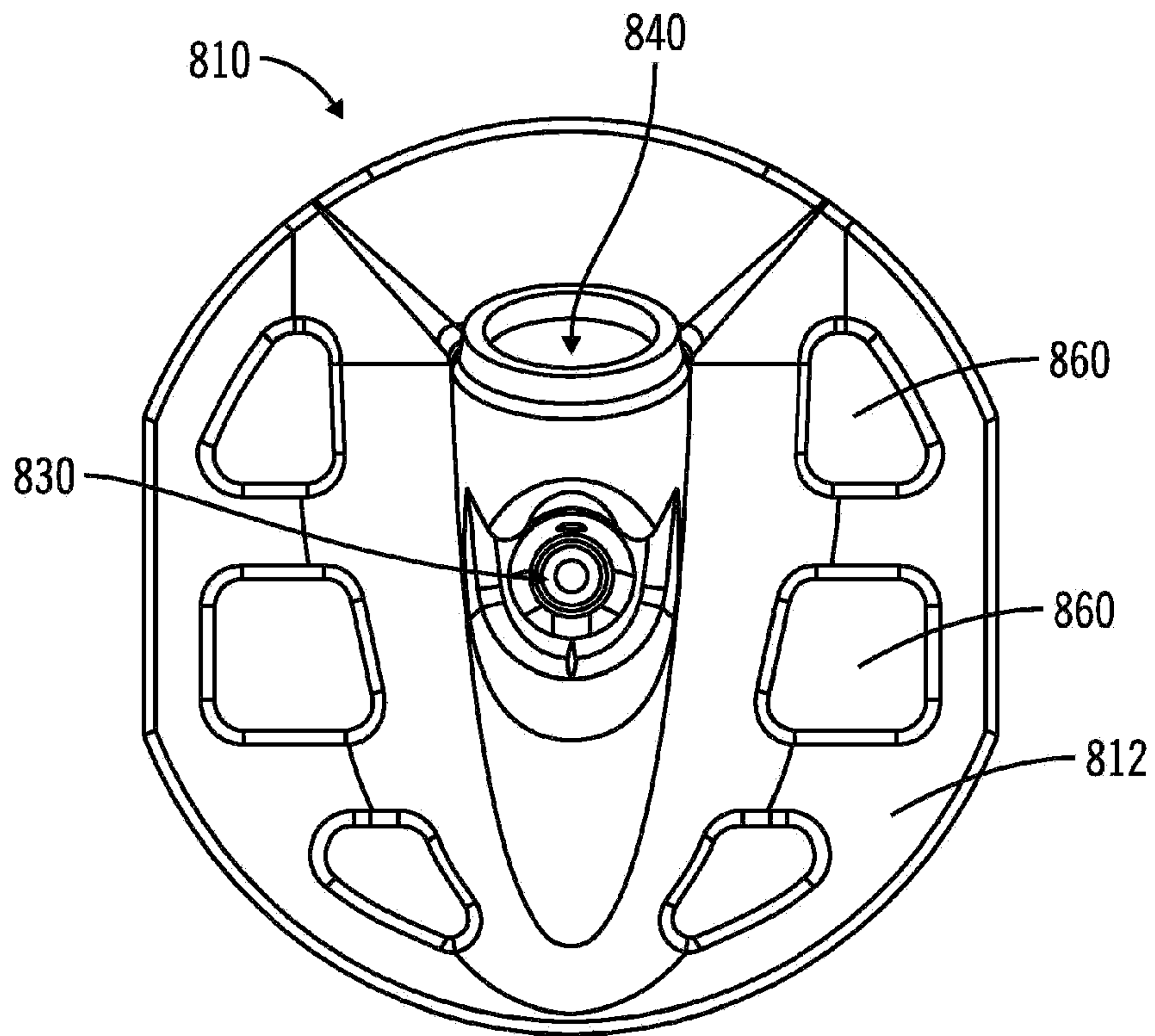


FIG. 16

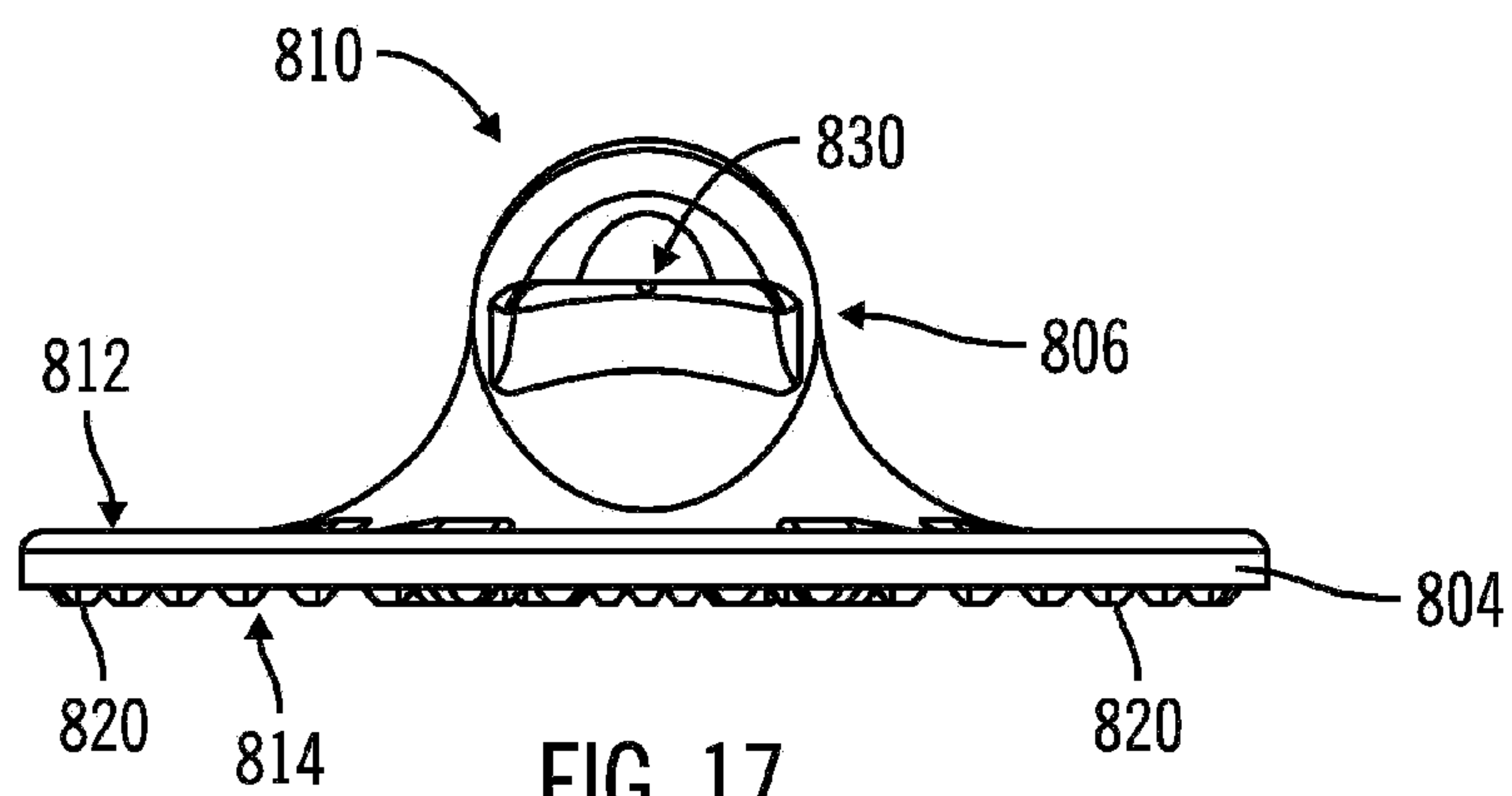


FIG. 17

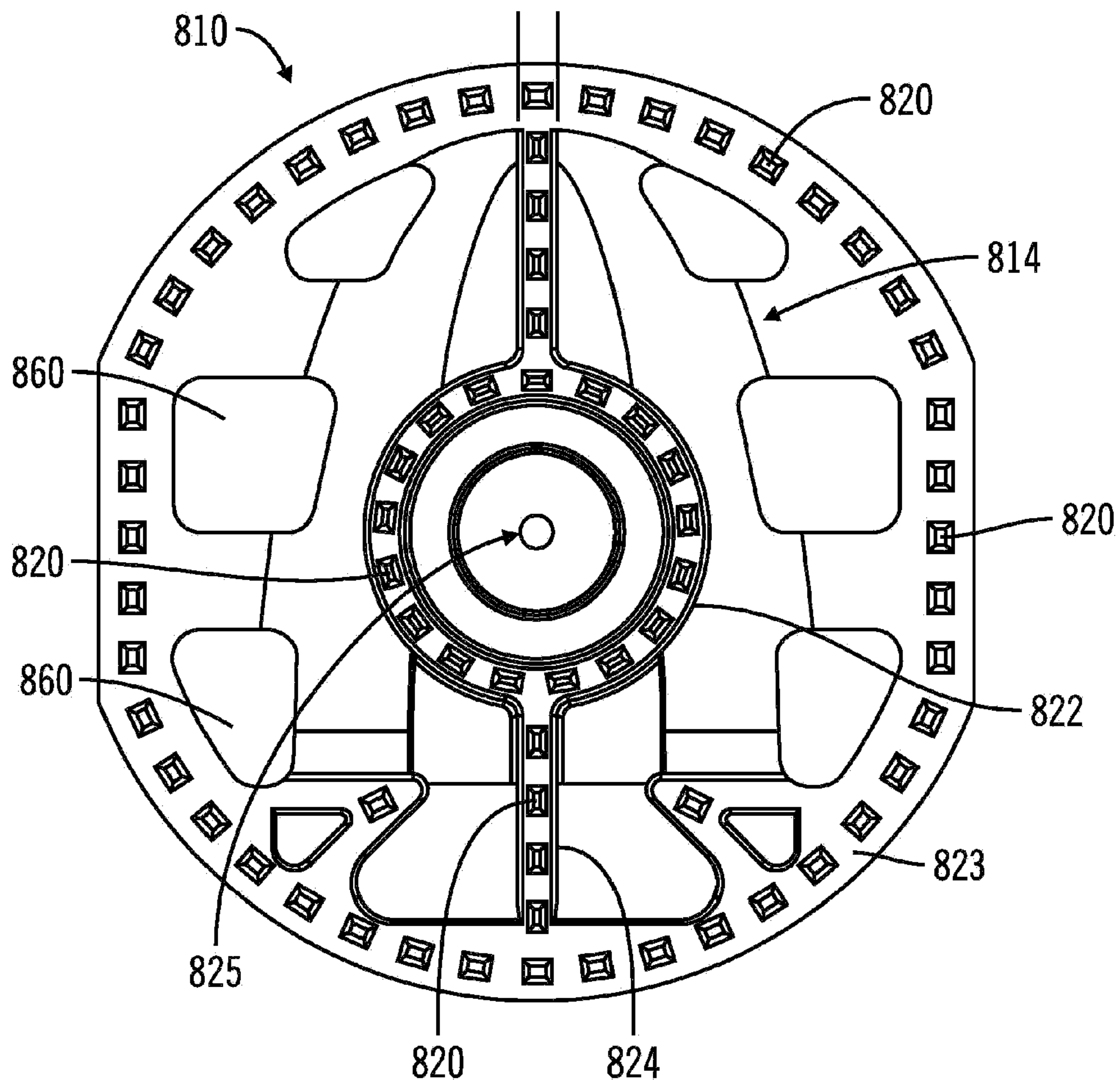


FIG. 18

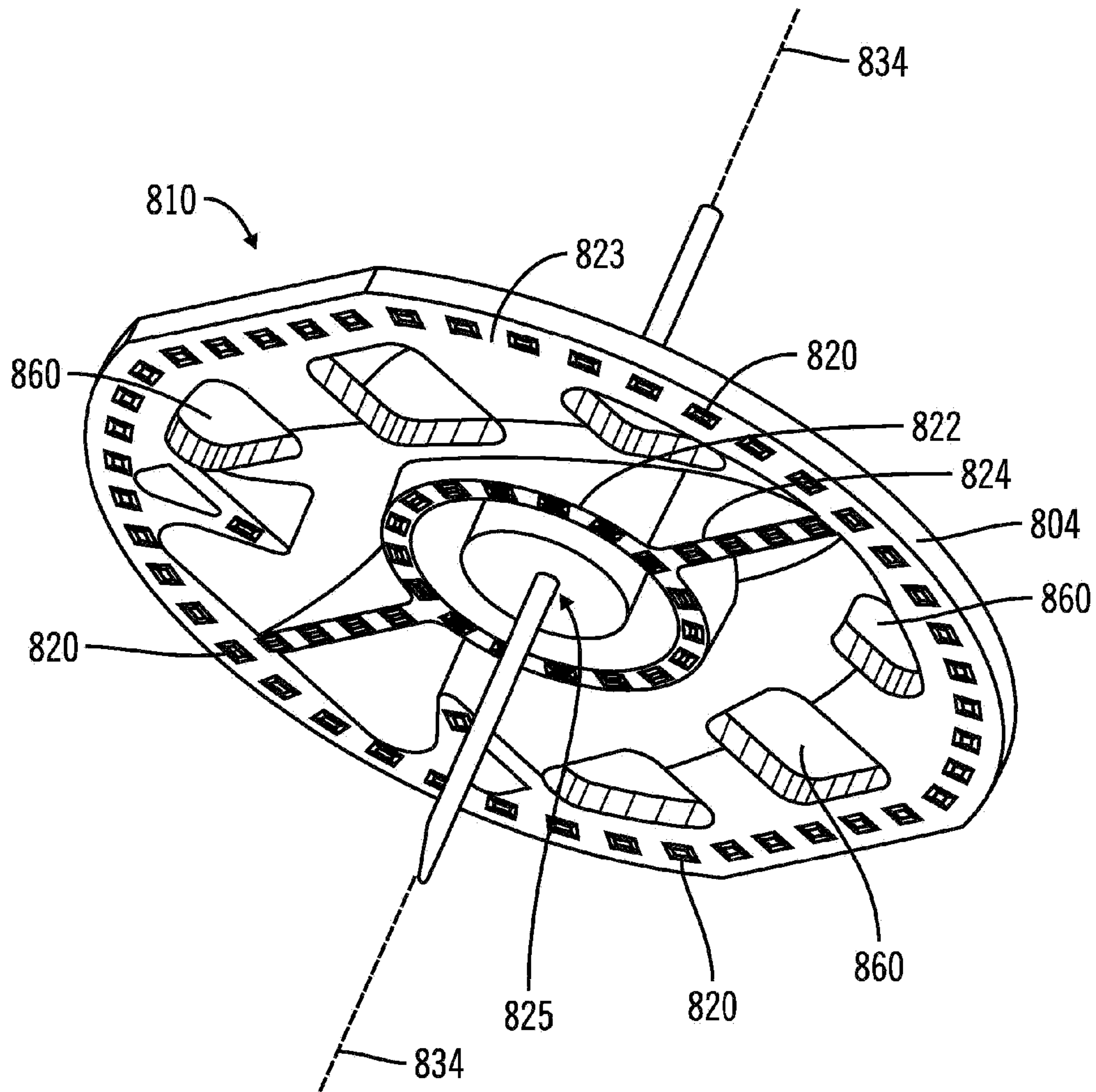


FIG. 19

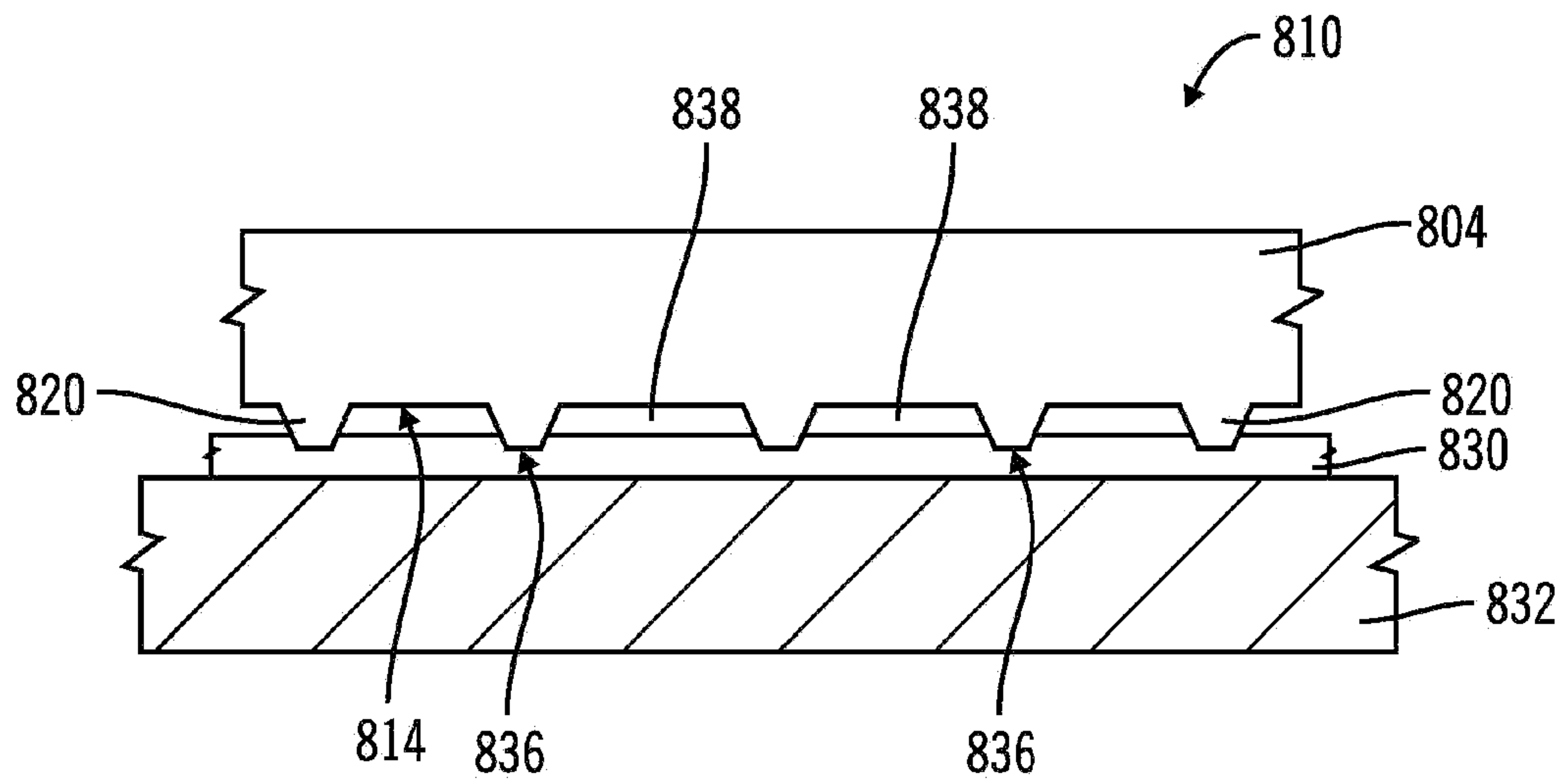


FIG. 20

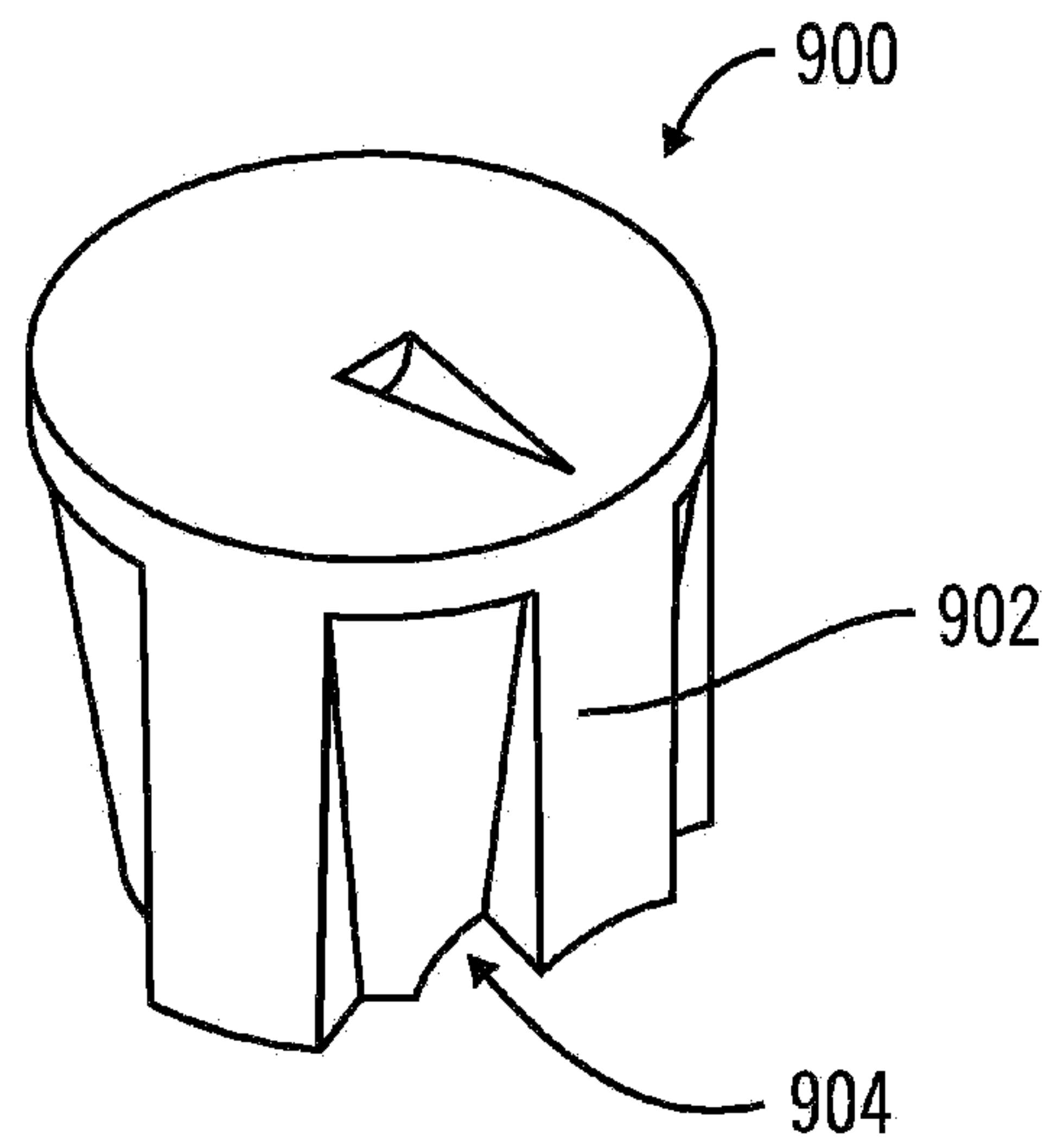


FIG. 21

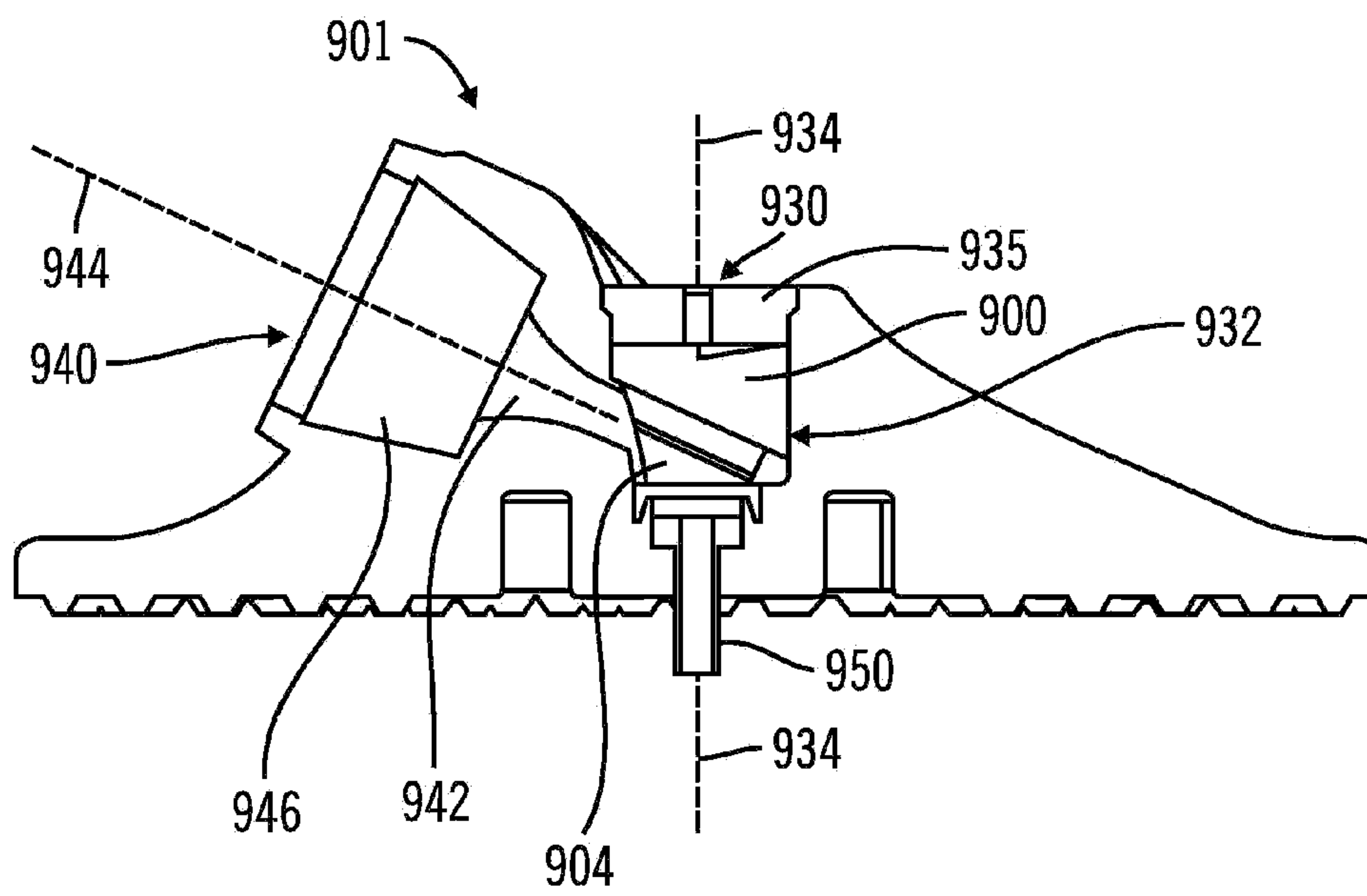


FIG. 22

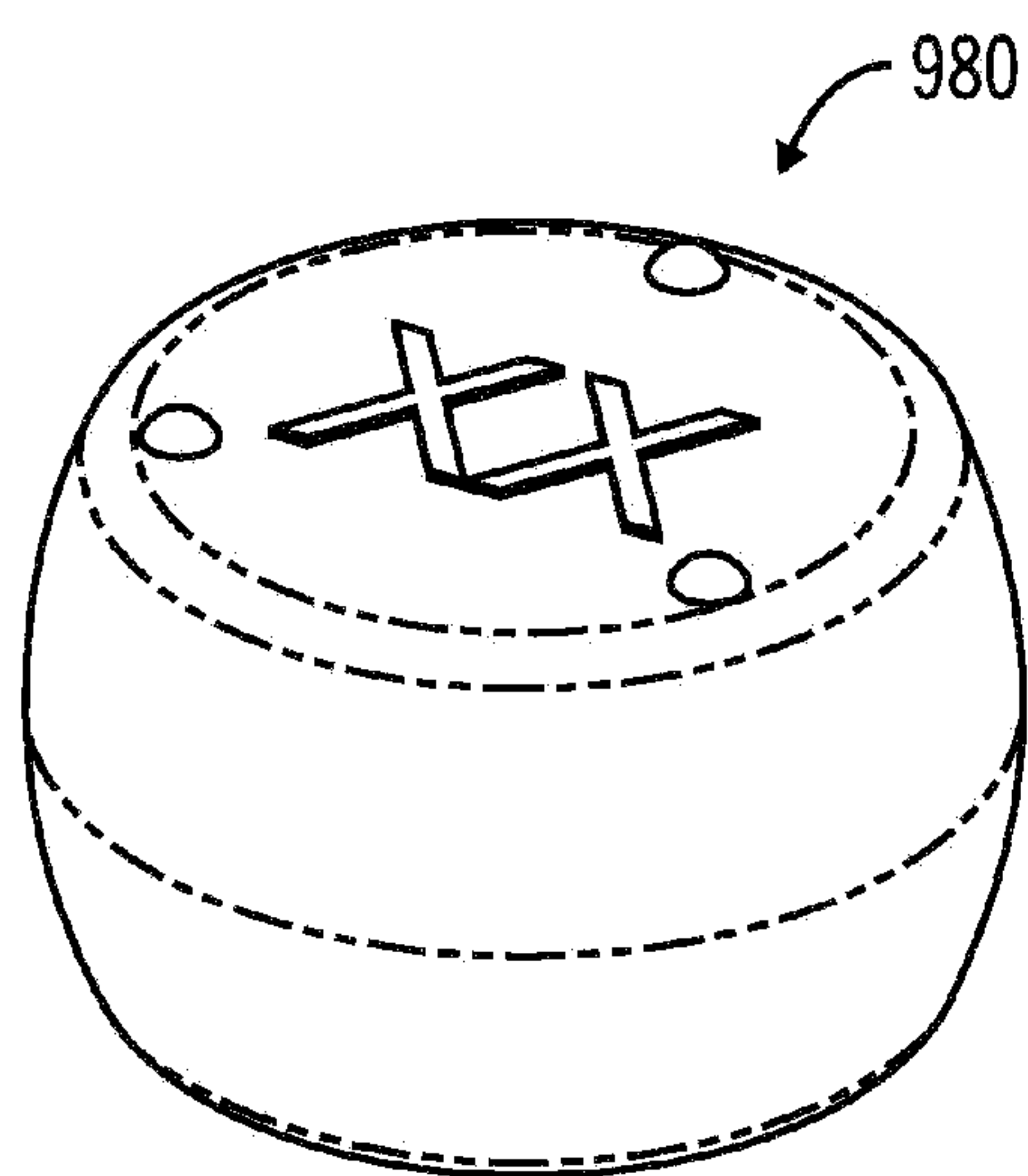


FIG. 23

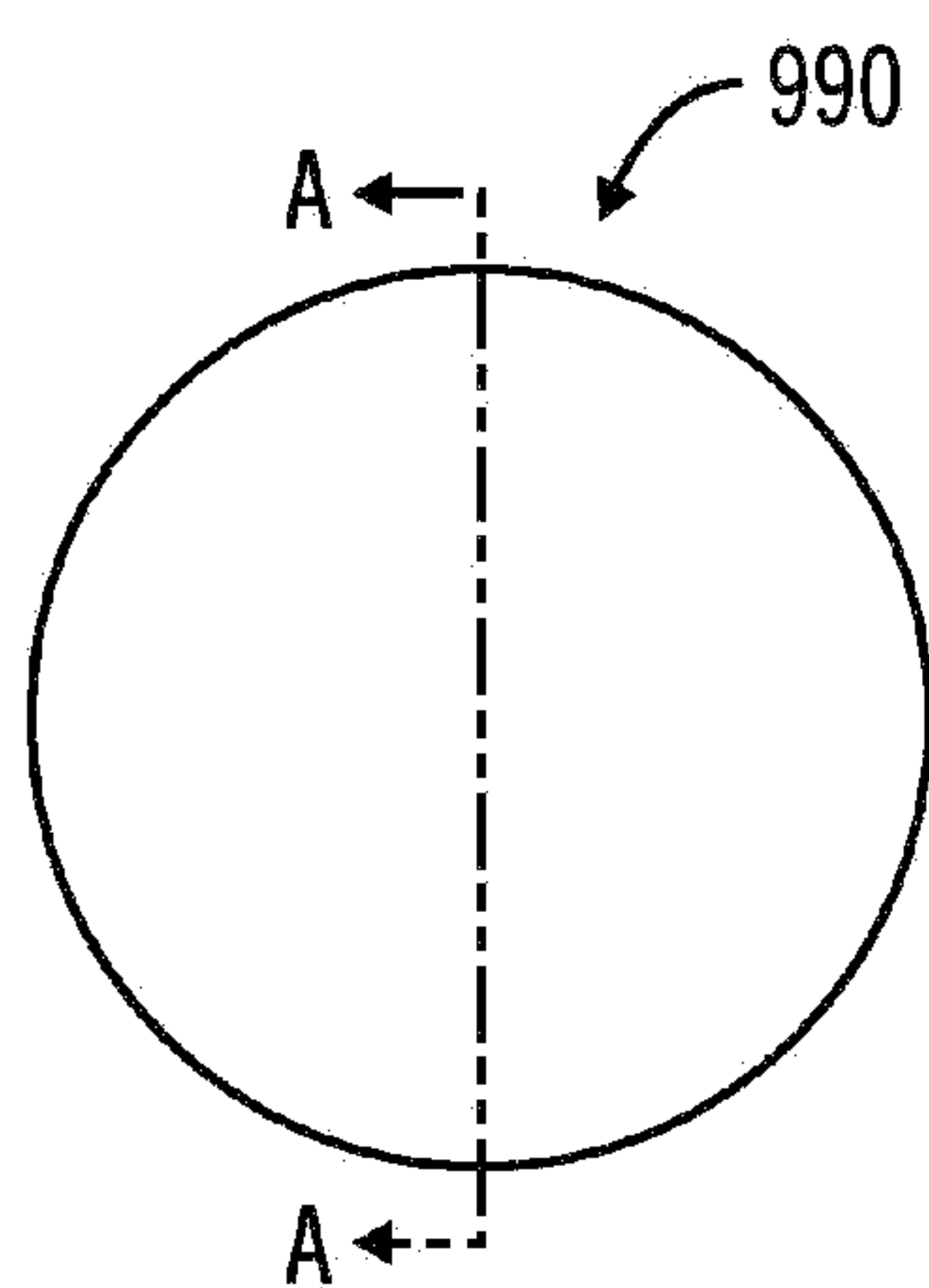


FIG. 24A

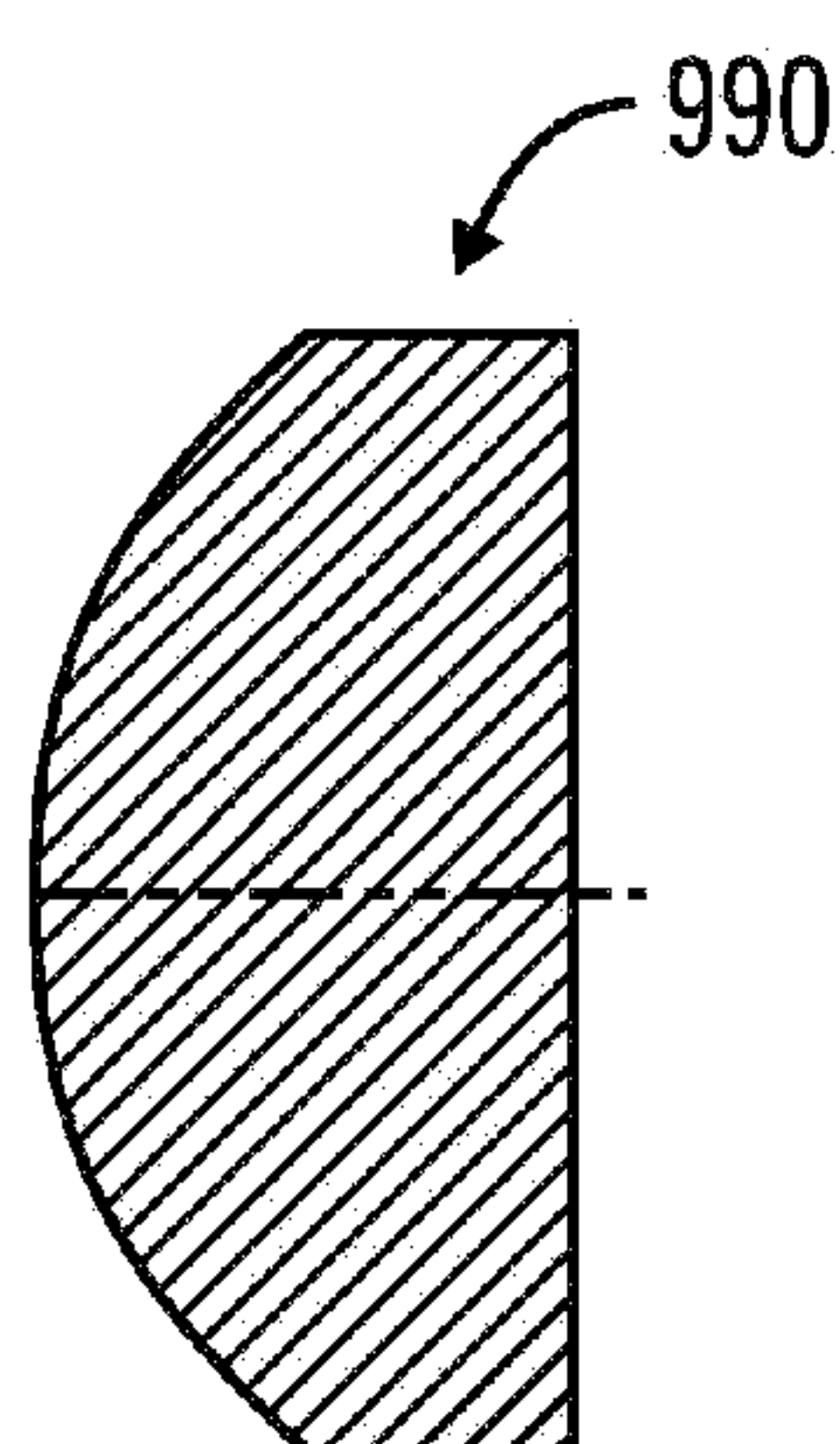


FIG. 24B