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(54) Title: STERILE PATCH PUMP

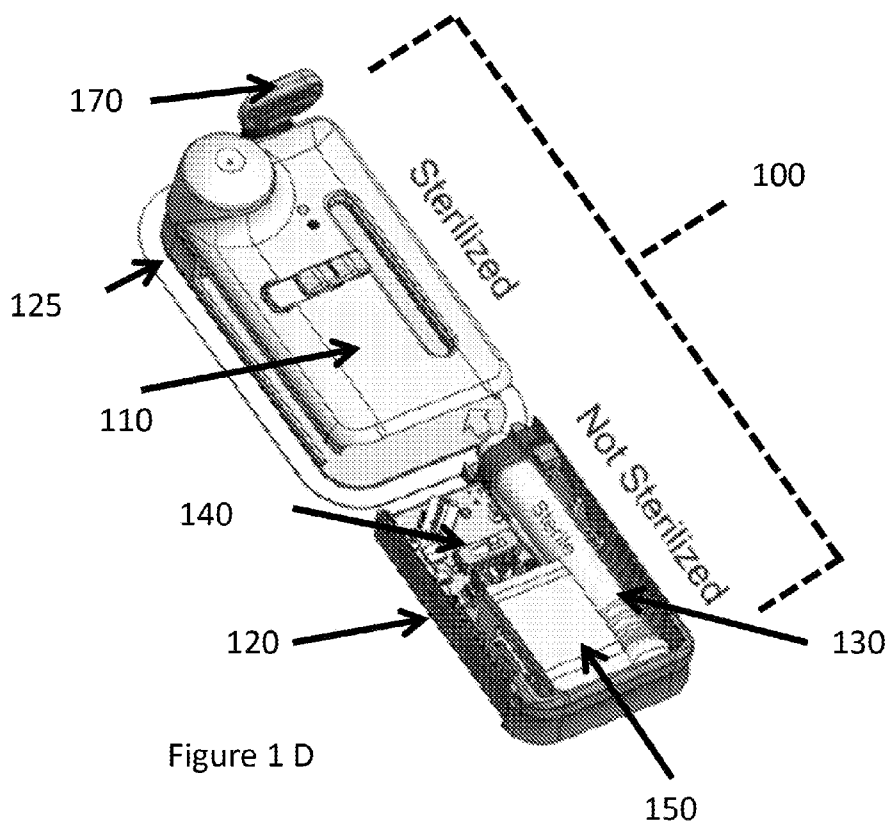


Figure 1 D

[Continued on next page]



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(57) Abstract: An apparatus and method for the aseptic delivery of a biologic medication in a wearable form factor. The apparatus and method allow for standard off-the-shelf drug cartridges to be utilized without compromising the sterility of the biologic. Further, by utilizing a two part assembly, manufacturing costs are minimized.

STERILE PATCH PUMP

This application claims the benefit of U.S. Provisional Application No. 62/189,584 having a filing date of July 7, 2015, which is incorporated by reference as if fully set forth.

FIELD OF INVENTION

[0001] The present invention is generally directed to a method and apparatus for aseptically delivering a biologic medication to a patient in a wearable form factor.

BACKGROUND

[0002] There is a strong market need for an apparatus that can enable the subcutaneous self-administration of a biologic medication in a wearable format factor. For instance, the treatment of diabetes requires the subcutaneous delivery of insulin. As a result, there are several commercially available wearable “patch pumps” that deliver a medication on the market today. These “patch pumps” incorporate the biologic medication, pumping mechanism, and infusion set into a patch that attaches to a patient's skin, thus eliminating the need external systems.

[0003] However, these commercially available “patch pumps” are prohibitively expensive to many patients due to their high manufacturing costs. In addition, the cost of these devices are further increased because they require proprietary biologic cartridges or require the biologic to be manually transferred in the patch pump. Further, insulin and other biologics must be stored at refrigerated temperatures, and therefore, there is a great amount of patient discomfort associated with wearing a cold patch pump.

[0004] Accordingly, there exists a need for an improved patch pump that overcomes these and other limitations of the commercially available “patch pumps.”

BRIEF DESCRIPTION OF THE DRAWINGS

[0005] A more detailed understanding may be had from the following description, given by way of example in conjunction with the accompanying

drawings wherein:

[0006] Figure 1A is a graphic depiction of the Patch Pump on a user.

[0007] Figure 1B is a graphic depiction of the outer casing of an embodiment of the Patch Pump.

[0008] Figure 1C is a graphic depiction of an embodiment of the Patch Pump with the outer casing removed.

[0009] Figure 1D is a graphic depiction of an embodiment of the Patch Pump with a sterilized and non-sterilized portion.

[0010] Figure 2A is a graphic depiction of the Needle Insertion System.

[0011] Figure 2B is a graphic depiction of a 90 degree rotation of the Needle Insertion System with the needle loaded.

[0012] Figure 2C is a graphic depiction of the Needle Hub Assembly uncoupling the Carrier of the Needle Insertion System.

[0013] Figure 2D is a graphic depiction of the Needle Hub Assembly.

[0014] Figure 2E is a graphic depiction of the Needle Insertion System with the Needle retracted.

[0015] Figure 3A is an end view of the Patch Pump.

[0016] Figure 3B is a rotated view of Figure 3A.

[0017] Figure 3C is a top view of Figure 3A.

[0018] Figure 3D is a zoomed in view of the declined ramp.

[0019] Figure 3E is an end view of the Patch Pump with the needle loaded.

[0020] Figure 3F is an end view of the Patch Pump with the needle inserted.

[0021] Figure 3G is a top view of the Patch Pump with the needle inserted.

[0022] Figure 4A is a top view of the Patch Pump with the needle inserted.

[0023] Figure 4B is a zoomed in view of the Fluid Patch needle puncturing the Sterile Drug Barrier.

[0024] Figure 5A is a graphic depiction of the fluid pathways of the Patch Pump.

- [0025] Figure 5B is an end view of the fluid pathways of the Patch Pump.
- [0026] Figure 6 is a top view of the Patch Pump.
- [0027] Figure 7 is a depiction of an embodiment of the fluid drive system.
- [0028] Figure 8 is a side view of the Patch Pump.
- [0029] Figure 9 is a flow diagram of the operation of the patch pump.
- [0030] Figure 10 is a flow diagram of the Carrier Insertion Process.
- [0031] Figure 11 is a flow diagram of the Fluid Path Creation Process.
- [0032] Figure 12 is a flow diagram of Pressurization System Activation Process.
- [0033] Figure 13 is a flow diagram of the process of a user using the Patch Pump.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

[0034] Below are described an apparatus and methods for delivering biologics such as pharmaceutical drugs to a patient. The apparatus and methods allow for standard off-the-shelf drug cartridges to be utilized without compromising the sterility of the biologic. This enables a patient to self-administer biologics in a self-contained wearable “patch pump” form factor that is cost effective. In certain embodiments, the apparatus is adapted to enable the biologic to be stored cold while minimizing the discomfort to the patient when administered.

[0035] Fig. 1A is a graphic depiction of the Patch Pump **100** on a patient **115**. The Patch Pump **100** includes a base **125** that contacts the patient’s skin. In some embodiments, the base **125** includes an adhesive liner that affixes the Patch Pump **100** to the patient **115**. The Patch Pump **100** may further include a User Flow Control Switch **135**. The User Flow Control Switch **135** enables a user to pause and control the flow rate of the biologic. The Patch Pump **100** further includes a Start Button **105** that is pressed by the patient to cause the cannula **240B** to be inserted into the patient and the biologic to flow from the Drug Container **130** through the cannula **240B** into the patient.

[0036] As shown in Fig. 1B, the Patch Pump **100** may further include a Drug Viewing Window **145**. This viewing window enables the patient to view the amount of a biologic that remains in the Drug Container **130**. The Patch Pump **100** may also include one or more Visual Indicators **155**. The Visual Indicators **155** provide feedback on the operational status of the system. The operational status of the system may include warnings such as an over/under temperature warning, drug expiration warning and over/under pressure warning. In addition, the operational status may include information indicating that the drug is being administered, how much time is remaining for the drug dosage to be completed and the current flow rate. The Visual Indicators may include LEDS, LCD displays or other similar display technologies known in the art. The information that is displayed by Visual Indicators may also be wirelessly transmitted to a mobile computing device such as a smart phone utilizing any of the wireless communication methods known in the art.

[0037] The Patch Pump **100** further includes a Removable Safety **170**. The Removable Safety mechanically engages the Start Button **105** and prohibits the Start Button **105** from being involuntary pressed.

[0038] Fig. 1C shows additional components of the Patch Pump **100**. The Patch Pump **100** also includes a Needle Insertion Mechanism **185** that is mechanically connected to the Start Button **105**. In addition, the Patch Pump **100** includes an Electronic Circuit Board **140** that includes control circuitry for the Visual Indicators **155**, User Flow Control Switch **135** and the Pressurization System **150**. The Electronic Circuit Board **140** further includes circuitry to receive a switch input from Triggering Switch **630**. In addition, the Electronic Circuit Board **140** may be communicatively connected to one or more sensors. These sensors may include Pressure Sensor **165** and Proximity Sensor **175**. The Electronic Circuit Board **140** may also include a memory **190**. The memory **190** may store dosing instructions for the administration of the biologic. In addition, the memory **190** may also store information regarding the administration of the biologic. This information may include, time, date, and flow rate when the biologic was administered. The Electronic Circuit

Board **140** may control the Visual Indicators **155** and the Pressurization System **150** based upon the Triggering Switch **630**, and the information stored in the memory and the feedback from the sensors. The Electronic Circuit Board **140** may include a communication module that enables the transmission of information stored in the memory **190** to a wireless computing device. In addition, the communication module may also receive updated dosing instructions that are subsequently stored in the memory **190**.

[0039] In an embodiment shown in Figure 1D, the Patch Pump **100** includes a Sterilized Assembly **110** and a Non-Sterilized Assembly **120**. The Sterilized Assembly **110** may include the Needle Insertion Mechanism **185**, the Start Button **105**, the Removable Safety **170** and the Base **125**. The Sterilized Assembly **110** may be sterilized by Gamma Radiation or any other similar technique known in the art. The Non-Sterilized Assembly **120** includes the Pressurization System **150**, Electronic Circuit Board **140** and the Drug Container **130**. The Drug Container **130** contains a biologic that was filled under aseptic conditions. Therefore, the inner part of the Drug Container **130** that contains biologic is sterilized but the outer part of the Drug Container **130** is not. This enables the Drug Container **130** to be handled under non-aseptic conditions. The Non-Sterilized Assembly **120** is configured to mechanically couple to and fit inside of the Sterilized Assembly **110**.

[0040] Fig. 2A is a graphic depiction of the Needle Insertion Mechanism **185**. The Needle Insertion Mechanism **185** includes a Fluid Pathway **270**, Cap **210** and an Exterior Septum **245**. The Fluid Pathway **270** is fluidically coupled to an Internal Funnel **235** of the Needle Insertion Mechanism **185** to the biologic stored in Drug Container **130**. The top of the Internal Funnel **235** includes an Internal Septum **230**. A Cannula **240B** extends through the Internal Septum **230** and the Internal Funnel **235** towards the Exterior **245**. The Cannula **240B** is mechanically connected to the Carrier **220**.

[0041] The Cap **210** and the Exterior Septum **245** are separated by the height of the Needle Insertion Mechanism **185**. The Cap **210** is in contact with Primary Spring **215**. The Primary Spring **215** is in contact with Carrier **220**. The Primary Spring **215** is compressed in direction towards the cap.

When the potential energy stored in Primary Spring **215** is released, the Carrier **220** moves in a direction away from the Cap **210** and thereby causes the Cannula **240B** to move towards the Exterior Septum **245**. The Carrier **220** further includes a Carrier Arm **275**. The movement of the Carrier Arm **275** triggers the release of the potential energy stored in the Primary Spring **215**.

[0042] The Needle Insertion Mechanism **185** further includes a Needle Hub Assembly **225**. The Needle Hub Assembly **225** is mechanically coupled to the Carrier **220** by Release Tabs **250**. As shown in Fig. 2B, the mechanical coupling by the Release Tab enables the Needle Hub Assembly to move with the Carrier **220** when the potential energy stored in the Primary Spring **215** is released. The Release Tabs **250** have an inclined shape that engages Tab Separators **255** as the Needle Hub Assembly **225** moves away from the Cap **210**. As shown in Fig. 2C, the engagement of the Release Tabs **250** with Separators **255** causes the Needle Hub Assembly **225** to uncouple from Carrier **220**.

[0043] As shown in Fig. 2D, the Needle Hub Assembly **225** further includes a Needle **240A**. The Needle Hub Assembly **225** is coupled to the Carrier **220** so that Needle **240A** is coaxially inside of Cannula **240B**. In addition, the Needle Hub Assembly further includes a Secondary Spring **260** is coaxially located around the Cannula **240B**. When the Release Tabs **250** uncouple from the Carrier **220**, the potential energy stored in Secondary Spring **260** is released. The release of the potential energy causes the Needle Hub Assembly **225** to retract towards Cap **210**. The retraction of the Needle Hub Assembly causes the Needle **240A** to be drawn out of the Cannula **240B** thereby creating an unobstructed fluid path from the Cannula **240B** to the Fluid Pathway **270**.

[0044] Fig. 2E shows the Needle Hub Assembly **225** fully retracted and the Cannula **240B** inserted in the patient **115**. As a result of the insertion, a fluid pathway is created from the Drug Container **130** to the Patient **115**.

[0045] Fig. 3A shows an end view of the Patch Pump **100**. The end view shows the mechanical engagement of the Removable Safety **170** and the Start Button **105**. In addition, the end view shows the Carrier Arm **275** is in

physical contact with a flat portion **325** of the Start Button **105**. The physical contact restrains the Carrier **220** from moving away from Cap **210** due to the spring force exerted by the Primary Spring **215**. The friction between the Carrier Arm **275** and the flat surface **325** provides a sufficient force to avoid the accidental discharge of the potential energy stored in the Primary Spring **215**. The Start Button **105** further includes a declined ramp.

[0046] Fig. 3B is a rotated view of Fig. 3A. Figure 3B further shows Start Button Spring **215**. Start Button Spring **215** aids in preventing the accidental release of the energy stored in the Primary Spring **215** by forcing the Start Button **105** away from the move away from the Carrier Arm **275** when armed. Once the Cannula **240B** is inserted into the patient, the Start Spring **315** provides a force to lock the push button against the Carrier Arm **275**.

[0047] Fig. 3C is a top view of Fig. 3A and further shows the engagement of the Carrier Arm **275** and the Declined Ramp **310**.

[0048] Fig. 3D is a zoomed in view of the Carrier Ramp **275** sliding down the Declined Ramp **310**.

[0049] Fig. 3E and Fig. 3F show the movement of Carrier **220** results from Start Button **105** being pushed. The movement of the Start Button **105** causes Carrier Arm **275** to engage Declined Ramp **310**. As the Declined Ramp **310** passes under the Carrier Arm **275**, the potential energy stored in Primary Spring **215** is released causing the Carrier **220** to move away from Cap **210** thereby inserting Cannula **240B** into the patient. Once the Declined Ramp **310** completely passes under the Carrier Arm **275**, the Carrier Arm **275** moves behind the Push Button **105**, thereby locking the Start Button **105** and the Carrier **220** in place. This orientation is further depicted by Fig. 3G. The locking of the Start Button **105** inhibits the Start Button **105** from being subsequently pressed. The locking of the Carrier **220** provides an additional force to stop the carrier from moving away when the Cannula **240B** is inserted into the patient.

[0050] The creation of the fluid path from the Drug Container **130** to the Fluid Pathway **270** is shown in Fig. 4A. When the Start Button **105** is fully

pressed, the Fluid Path Needle **425** pierces the Sterile Drug Barrier **405** and the Drug Container Septum **410**. The Fluid Path needle **425** is hollow and fluidically coupled to the Fluid Pathway **270**, thereby enabling the flow of biologics stored in the Drug Container **130** to Cannula **240B**. A zoomed in view of the Fluid path Needle **425** piercing the Sterile Drug Barrier **405** and the Drug Container Septum **410** is shown in Fig. 4B.

[0051] Fig. 5A and 5B depict the fluidic coupling of the Drug Container **130**, through Fluid Path Needle **425** and Tubing **510** to Cannula **240B**.

[0052] The pressing of the Start Button **105** causes Triggering Post **620** to activate Triggering Switch **630** through Sterile Switching Barrier **625**. The Sterile Switching Barrier **625** may be in the form of a flexible barrier and may in an accordion-like shape.

[0053] The Pressurization System **150** is graphically depicted in Fig. 7. The Pressurization System **150** may include one or more hydrogen generators **705**. Alternatively, other pressurizing means such as pumps may also be used. The one or more hydrogen generators produce a pressuring gas in response to control signal from the Electronic Circuit Board **140**. The pressurizing gas flows through coupling **710** into the Drug Container **130**. The pressurizing gas forces the biologic to flow through the Fluid Path Needle **425** and ultimately into the patient **115**.

[0054] In an embodiment, the Patch Pump **100** includes a top outer cover **805** and bottom outer cover **810** that are mechanically coupled. The bottom outer cover **810** thermally isolates the Drug Container **130** from the Patient **115**. This thermal isolation can be accomplished through the utilization of materials with low thermal conductivity such as porous structural foam plastics, glass impregnated plastics or over molded ethylene propylene diene monomer (M-class) (EPDM) foam rubber. In addition, the bottom outer cover may include an additional outer thin shell that insulates a cold Patch Pump **100** from a patient's skin. In another alternative embodiment, the Base **125** may be made of one of the materials with low thermal conductivity.

[0055] Fig. 9 graphically depicts the concurrent processes that are executed in response to a patient pressing the Start Button **105**. In response to the Patient pressing **(900)** the Start Button, the Carrier Insertion Process **1000**, Fluid Path Creation Process **1100** and the Pressurization System Activation Process are mechanically activated.

[0056] In the Carrier Insertion Process **1000**, responsive to the patient pressing the Start Button **105**, the Declined Ramp **310** engages the Carrier Arm **275**. As the patient further presses the Start Button **105** to the locked position, the Carrier Arm **275** is forced by the Primary Spring **215** to disengage the Declined Ramp **310** and fall behind the Push Button **105** thereby locking the carrier **1020** and locking the Start Button **1030** in place. The locking force to hold the Carrier **220** and the Start Button **1030** is further augmented by force applied by the Start Spring **315**. Subsequent to the Carrier Locking **1020** and the Start Button Locking **1030**, the Needle **240A** pierces **(1040)** the Exterior Septum **245**. The Needle **240A** and the Cannula **240B** are then inserted **(1040)** into the patient **115** due to the stored potential energy released by the Primary Spring **215**. The Release Tabs **250** of the Needle Hub Assembly **225** then decouple **(1060)** the Needle Hub Assembly **225** from the Carrier **220**. The Needle Hub Assembly is then retracted **(1070)** due to the spring force exerted by the Secondary Spring **260**.

[0057] Fig. 11 graphically depicts the Fluid Path Creation Process **1100** that is performed in response to the patient pressing **(900)** the Start Button **105**. First the Fluid Path Needle **425** pierces **(1110)** the Drug Barrier **405**. The Fluid Path Needle then pierces **(1120)** the Sterile Drug Barrier **405** and the Drug Container Septum **410**. A fluid pathway is therefore established **(1130)** between the biologic and the patient **115**.

[0058] Fig. 12 graphically depicts the Pressurization System Activation Process **1200** that occurs in response to the patient pressing **(900)** the Start Button **105**. First, the Triggering Post **620** contacts **(1210)** the Sterile Switching Barrier **625**. The Trigger Post **620** then activates **(1220)** the Triggering Switch **630**. Responsive to the Triggering Switch Activating **630**, the Electronic Circuit Board **140** sends a signal to activate **(1230)** the

Pressurization System **150**. The signal may be a power signal that includes a variable voltage or a variable current. The signal may alternatively be a digital control signal. The Electronic Circuit Board **140** may provide the signal in order to obtain a desired flow rate of the biologic.

[0059] Responsive to receiving the signal, the Pressurization System **150** activates the one or more gas hydrogen generators **705**. The one or more hydrogen generators **705** then generate **(1240)** the pressurizing gas. An amount of pressurizing gas produced may be produced in proportion to the received signal. For example, a particular provided current may correspond to a particular amount of gas generated. The pressurizing gas then drives **(1250)** the biologic from the container through the fluid delivery pathway into the patient **115**.

[0060] Fig. 13 graphically depicts the process of the patient **115** using the Patch Pump **100**. First the patient removes **(1310)** an adhesive liner from the base **125**. Then the patient removes **(1320)** the Removable Safety **170** from the Start Button **105**. The patient then presses **(1330)** the Start Button **105** thereby causing the Carrier Insertion Process **1000**, the Fluid Path Creation Process **1100**, and the Pressurization System Activation Process **1200** to be activated.

[0061] Although features and elements are described above in particular combinations, one of ordinary skill in the art will appreciate that each feature or element can be used alone or in any combination with the other features and elements.

* * *

CLAIMS

What is claimed is:

1. A device for subcutaneous drug delivery, the device comprising:
 - a sterilized assembly; and
 - a non-sterilized assembly that is mechanically coupled to sterilized assembly to form a combined assembly;
 - wherein the sterilized assembly includes:
 - a start button,
 - a sterile drug barrier,
 - a sterile electronic barrier, and
 - a needle insertion mechanism mechanically coupled to the start button that comprises a carrier and primary spring;
 - wherein the non-sterilized assembly includes:
 - a pressurization system,
 - a drug container that houses a sterile biologic, and
 - electronic circuitry that includes a triggering switch;
 - wherein, responsive to being pressed by a patient, the start button:
 - punctures the sterile drug barrier with a fluid path needle integral to the start button,
 - punctures a septum of the drug container with the fluid path needle, and
 - establishes a fluid pathway;
 - wherein, responsive to being pressed by the patient, the start button further:

contacts the sterile electronic barrier with a triggering post
integral to the start button, and

activates the triggering switch;

wherein, responsive to being pressed by the patient, the start
button further:

moves a flat portion of the start button relative to a carrier arm
to engage a declined ramp of the start button with the carrier arm, and

disengages the declined ramp to trigger the primary spring to
release stored potential energy;

wherein, responsive to the triggering of the primary spring, the
needle insertion mechanism:

moves the carrier and a needle hub assembly in a direction
towards the patient, wherein the carrier and the needle hub assembly
are coupled by release tabs,

inserts a cannula of the carrier into the patient,

uncouples the carrier and the needle hub assembly by forcing the
release tabs to contact separators, and

fluidically connects the cannula to the fluid pathway;

wherein, responsive to the uncoupling of the carrier, the needle
hub assembly:

releases the potential energy stored in a secondary spring, and

removes a needle from within the cannula by moving the needle
hub assembly away from the patient;

wherein, responsive to the activation of the triggering switch,
the electronic circuit:

supplies a signal to the pressurization system; and

wherein the pressurization system:

generates a pressurizing gas, in response to the signal, that
forces the sterile biologic from the drug container through the fluid path
and the cannula into the patient.

2. The device of claim 1, wherein the pressurization system contains one
or more hydrogen generators;

wherein the one or more hydrogen generators generate the
pressurizing gas in proportion to the signal supplied by the electronic
circuit; and

wherein the electronic circuit:

determines the signal to obtain a desired flow rate of sterile
biologic based upon a user flow control switch.

3. The device of claim 1, wherein the sterilized assembly further includes
a drug viewing window; and

wherein the drug viewing window enables the patient to view the
drug container.

4. The device of claim 1, wherein the sterilized assembly further includes
a removable safety; and

wherein the removable safety is inserted into the start button and inhibits the patient from pressing the start button unless the removable safety is removed.

5. The device of claim 1, wherein the sterilized assembly further includes one or more visual indicators that display one or more indications of an operational status of the device.

6. The device of claim 1, wherein the sterilized assembly further includes a base that is in contact with the patient and is made of a material with a low thermal conductivity.

7. The device of claim 1, wherein the electronic circuit further includes a memory; and

wherein the memory stores information a time and a date when the patient administered the biologic.

8. The device of claim 1, wherein the non-sterilized assembly further includes a pressure sensor that monitors a pressure in the drug container; and

wherein the electronic circuit determines the signal based on the pressure sensor.

9. The device of claim 1, wherein, responsive to being pressed by the patient, the start button further:
- locks the carrier in a position so that the cannula is held in position by a mechanical force in addition to a force provided by the primary spring; and
 - locks the start button so that it cannot be pressed again.
10. The device of claim 1, wherein the sterilized assembly further includes a base that is in contact with the patient and the base includes an adhesive liner that affixes the combined assembly to the patient.
11. A method for subcutaneous drug delivery, the method comprising:
- pushing, by a patient, a start button;
 - responsive to the pushing, concurrently:
 - puncturing, by a fluid path needle integral to the start button, a sterile drug barrier of a sterile drug assembly and a septum of a drug container, wherein the drug container stores a sterile biologic;
 - disengaging, by a declined ramp of the start button, a carrier arm of a carrier to trigger a primary spring of needle insertion mechanism to release stored potential energy; and
 - contacting, by a triggering post integral to the start button, a sterile electronic barrier of the sterile drug

assembly to activate a triggering switch of an electronic circuit board;

responsive to the puncturing:

establishing a fluid pathway from the drug container;

responsive to the disengaging:

moving the carrier and a needle hub assembly in a direction towards the patient, wherein the carrier and the needle hub assembly are coupled by release tabs;

inserting a cannula of the carrier into the patient;

uncoupling the carrier and the needle hub assembly by forcing the release tabs to contact separators;

removing a needle of the needle hub assembly from the cannula by moving the needle hub assembly away from the patient using potential energy released by a secondary spring when the carrier uncouples the needle hub; and

establishing a fluidic connection between the cannula and the fluid pathway; and

responsive to the contacting:

supplying, by the electronic circuit, a signal to a pressurization system of a non-sterile assembly;

generating, by the pressurization system, a pressurizing gas based on the signal, wherein the pressurizing gas forces the sterile biologic from the drug

container through the fluid path and the cannula into the patient.

12. The method of claim 11, wherein the pressurization system contains one or more hydrogen generators;

wherein the one or more hydrogen generators generate the pressurizing gas in proportion to the signal supplied by the electronic circuit; and

wherein the electronic circuit:

determines the signal to obtain a desired flow rate of sterile biologic based upon a user flow control switch.

13. The method of claim 11, wherein the sterilized assembly further includes a drug viewing window; and

wherein the drug viewing window enables the patient to view the drug container.

14. The method of claim 11, further comprising:

removing, by the patient, a removable safety prior to the pushing of the start button,

wherein the removable safety inhibits the patient from pressing the start button unless the removable safety is removed.

15. The method of claim 11, further comprising:

displaying, by one or more visual indicators of the sterile assembly, one or more indications of an operational status of the electronic circuit board.

16. The method of claim 11, further comprising:

affixing, by the patient, a base of a combined assembly to the patient, wherein the base of the combined assembly is made of a material with a low thermal conductivity and the combined assembly includes the sterile assembly and the non-sterile assembly.

17. The method of claim 11, further comprising:

storing in a memory of the electronic circuit a time and a date when the patient administered the biologic.

18. The method of claim 11, further comprising:

monitoring, by a pressure sensor, a pressure in the drug container; and

determining, by the electronic circuit, the signal based on the pressure sensor.

19. The method of claim 11, wherein further responsive to the pushing, concurrently:

locking the carrier in a position so that the cannula is held in position by a mechanical force in addition to a force provided by the primary spring; and

locking the start button so that it cannot be pressed again.

20. The method of claim 11, further comprising:

affixing, by the patient, an adhesive liner of a combined assembly to the patient, wherein the combined assembly includes the sterile assembly and the non-sterile assembly.

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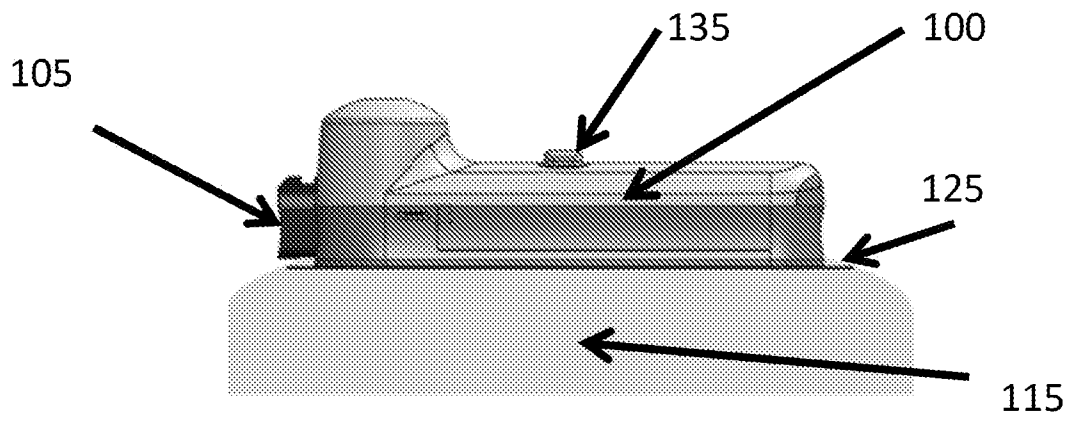


Figure 1 A

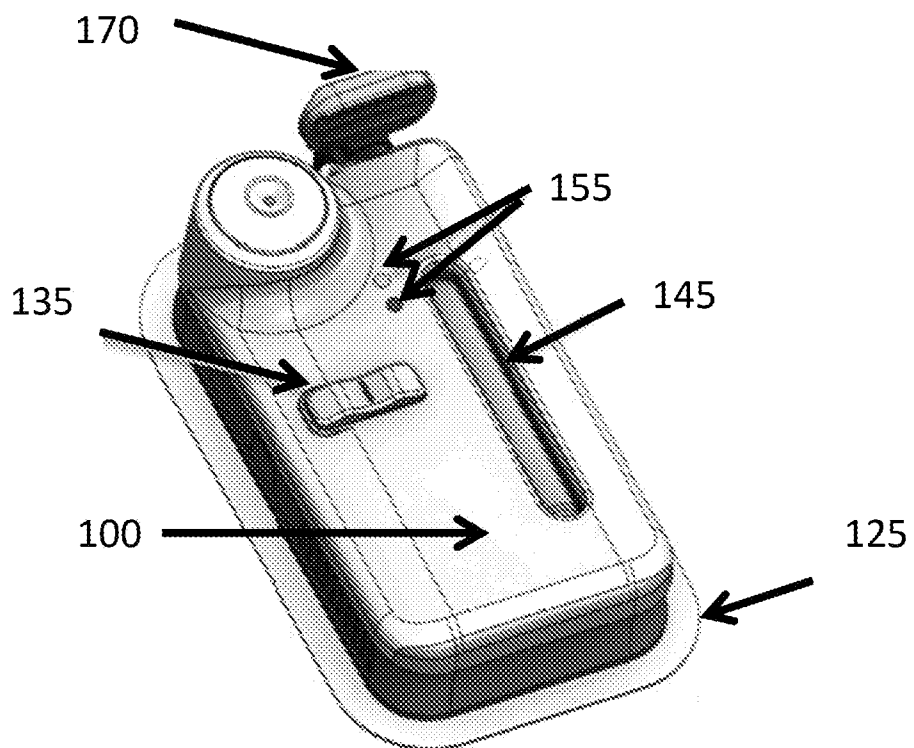


Figure 1 B

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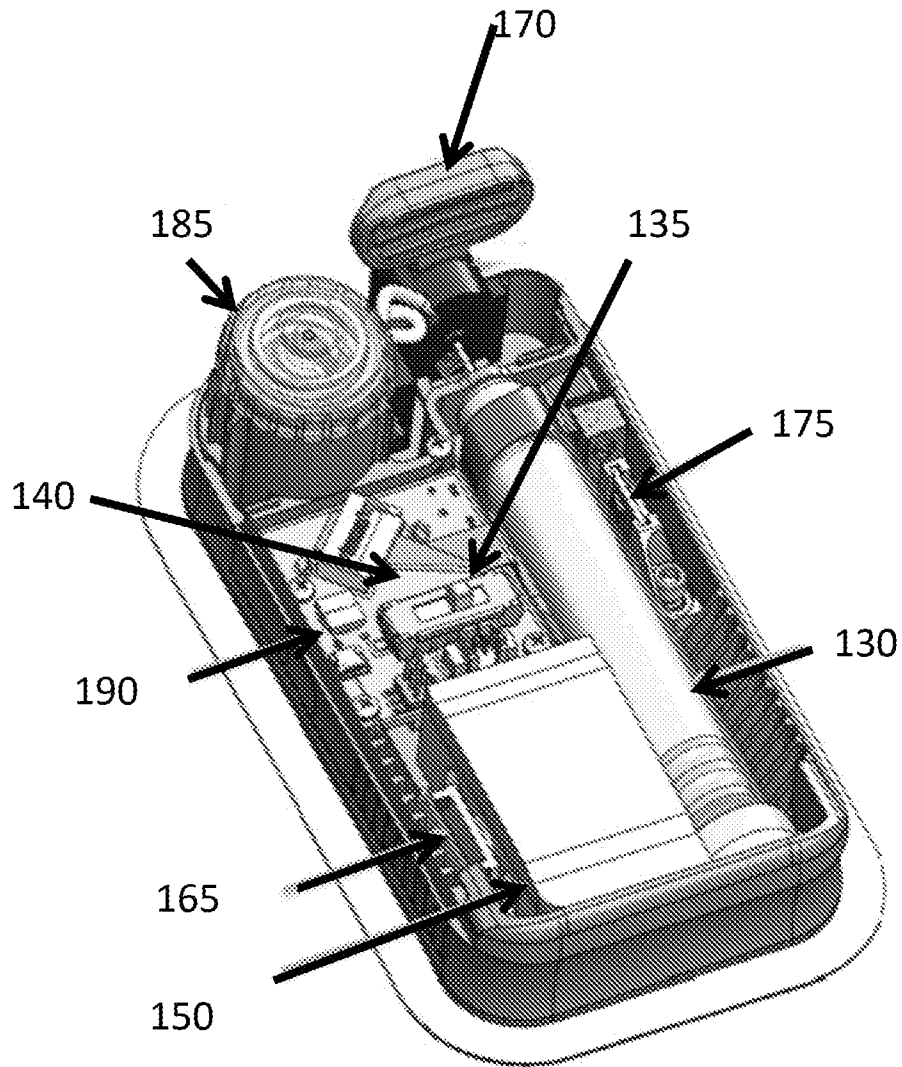


Figure 1 C

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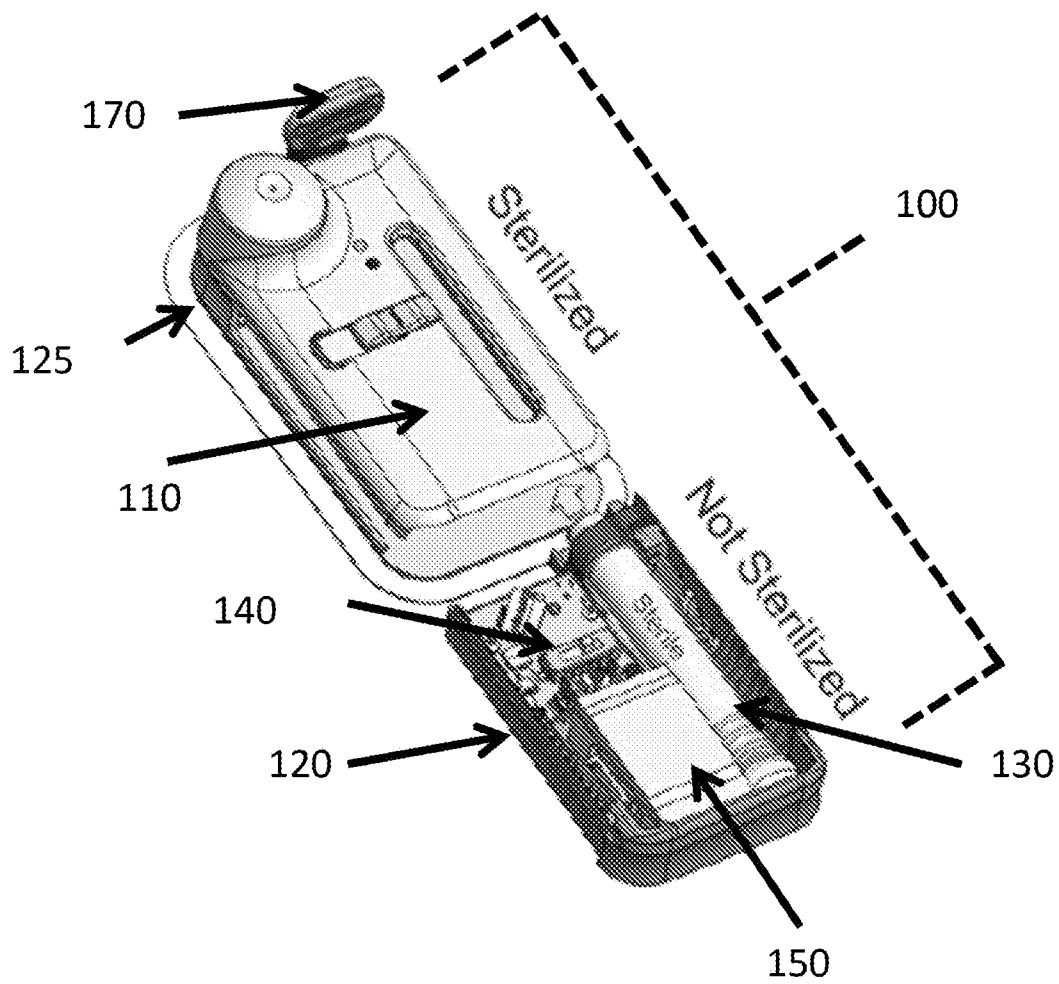


Figure 1 D

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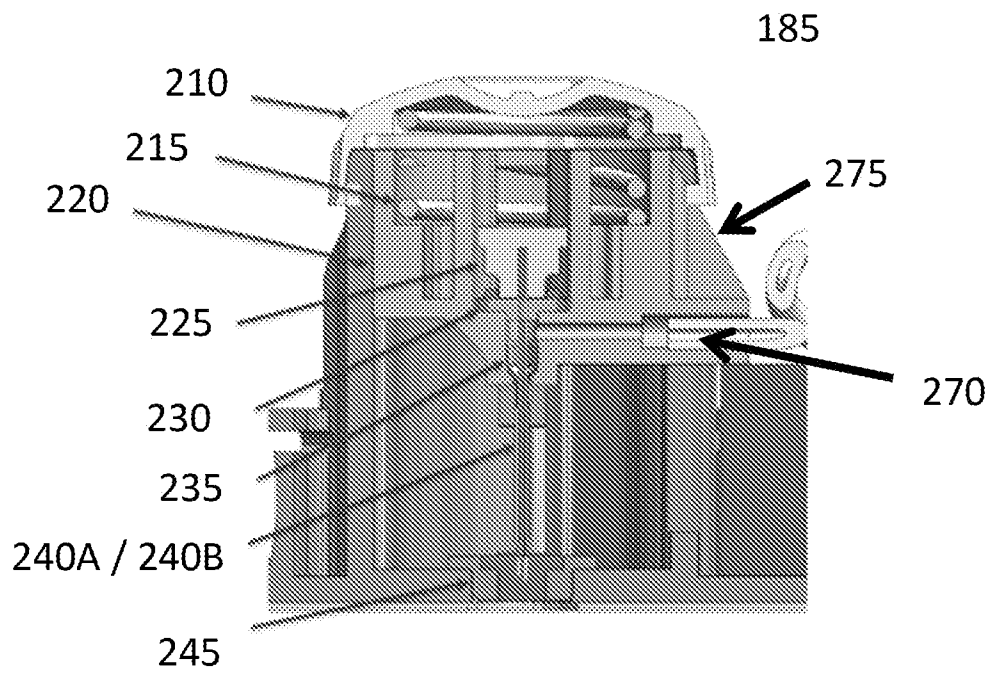


Figure 2 A

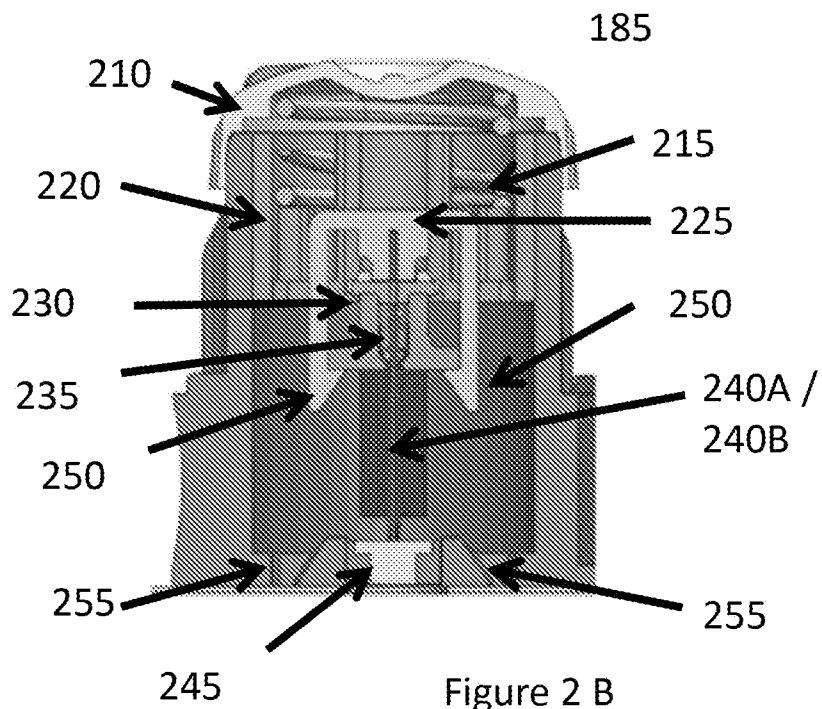


Figure 2 B

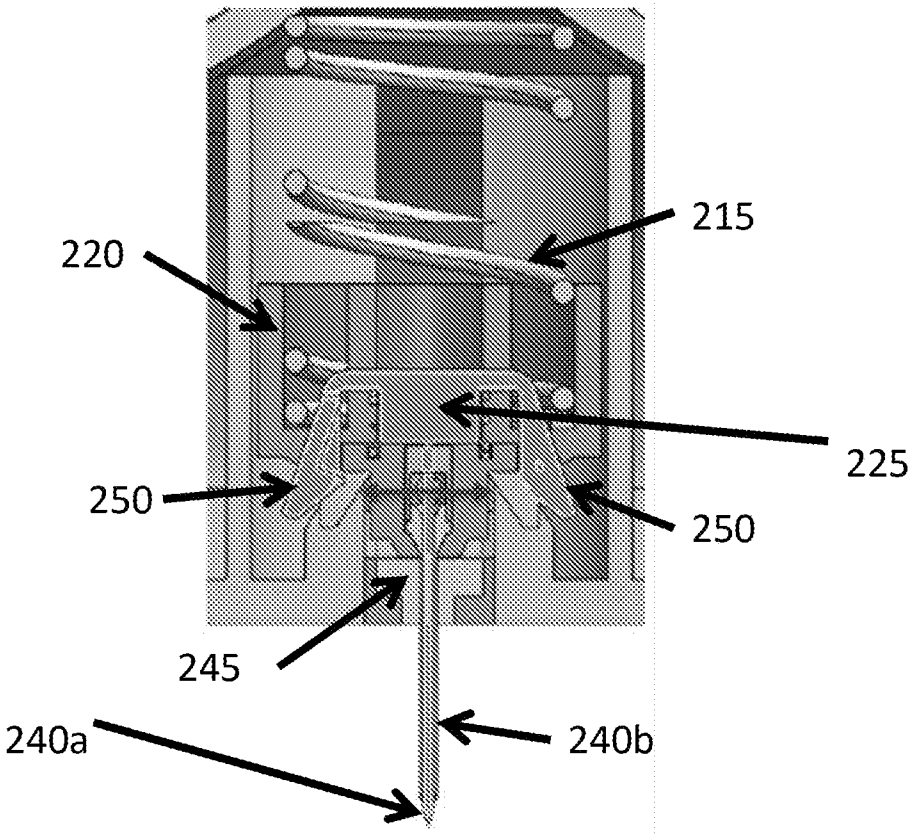


Figure 2C

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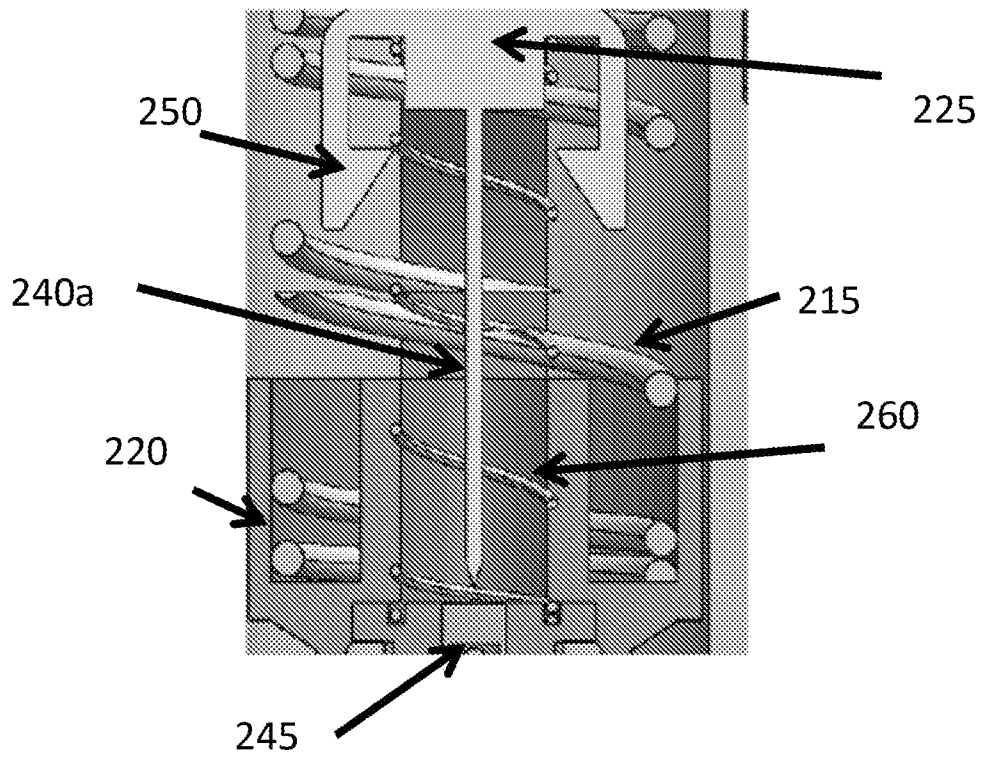


Figure 2D

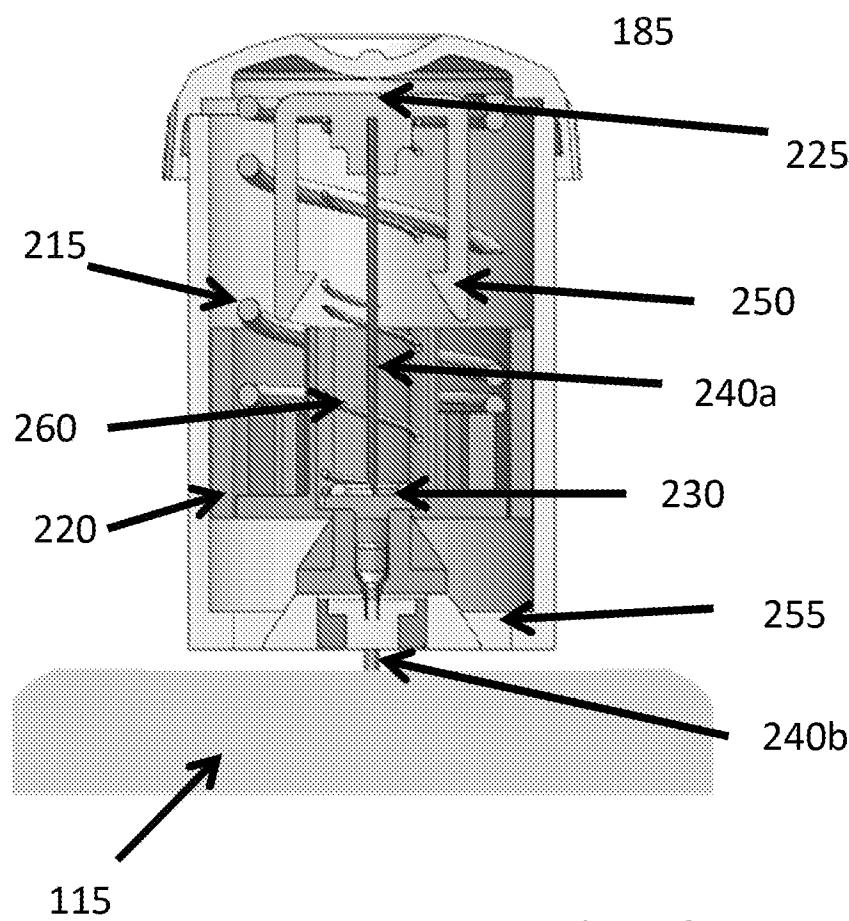


Figure 2E

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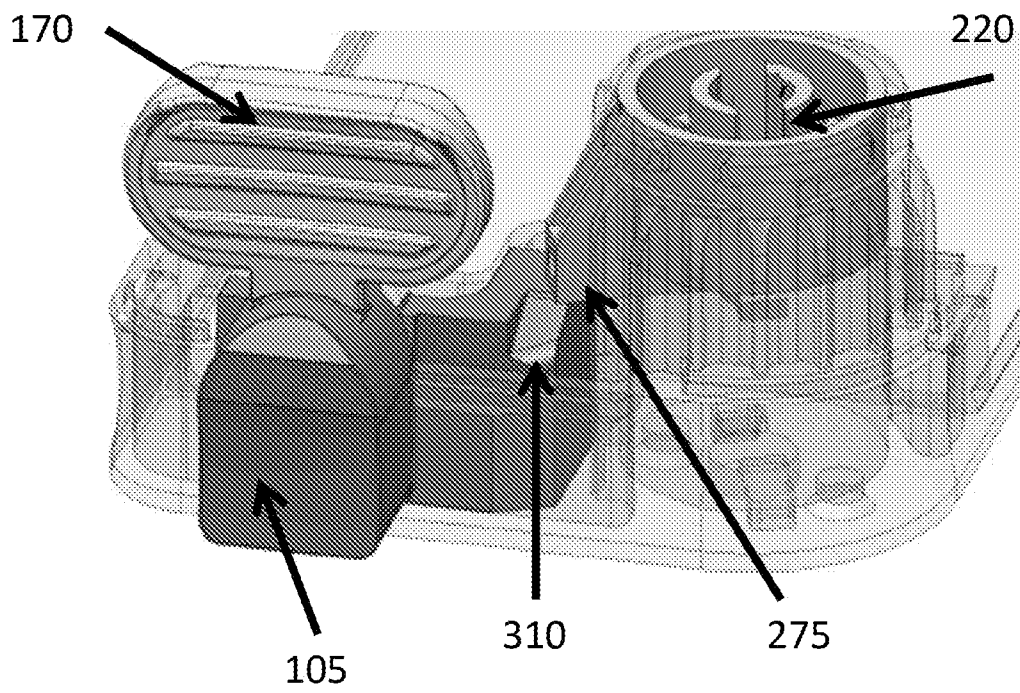


Figure 3A

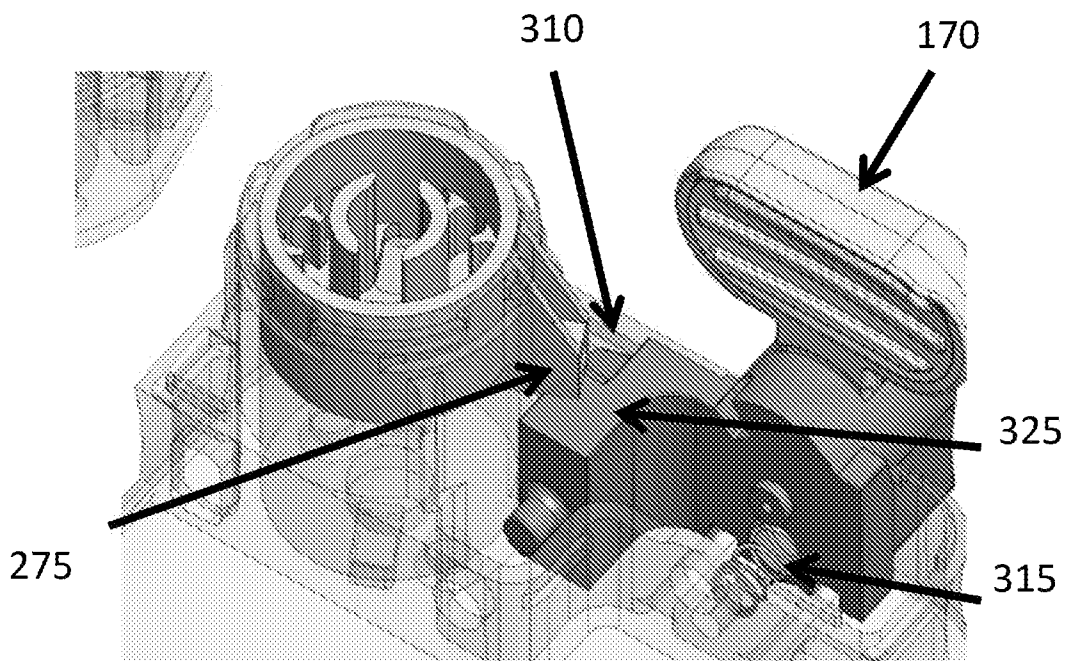


Figure 3B

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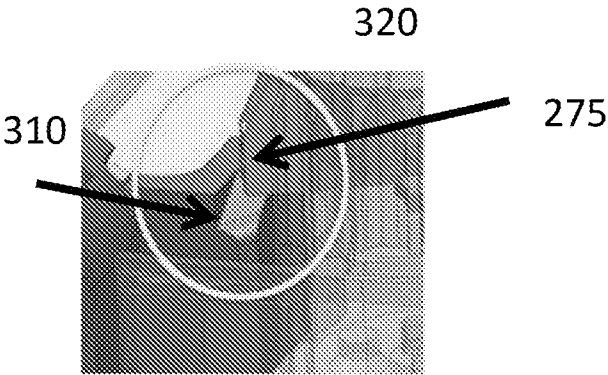
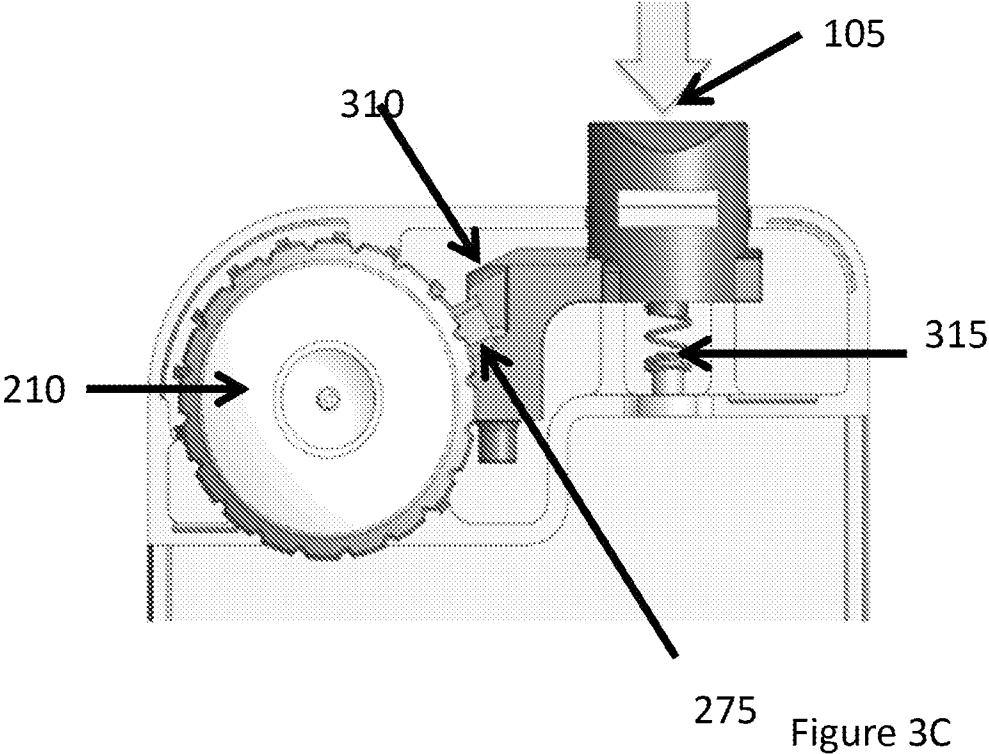


Figure 3D

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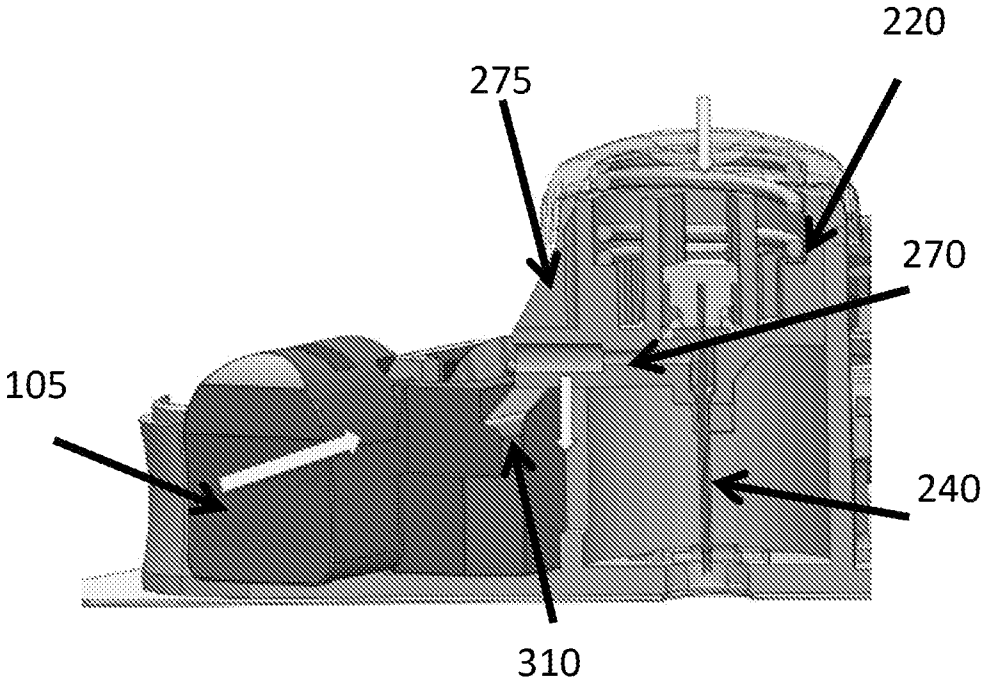


Figure 3E

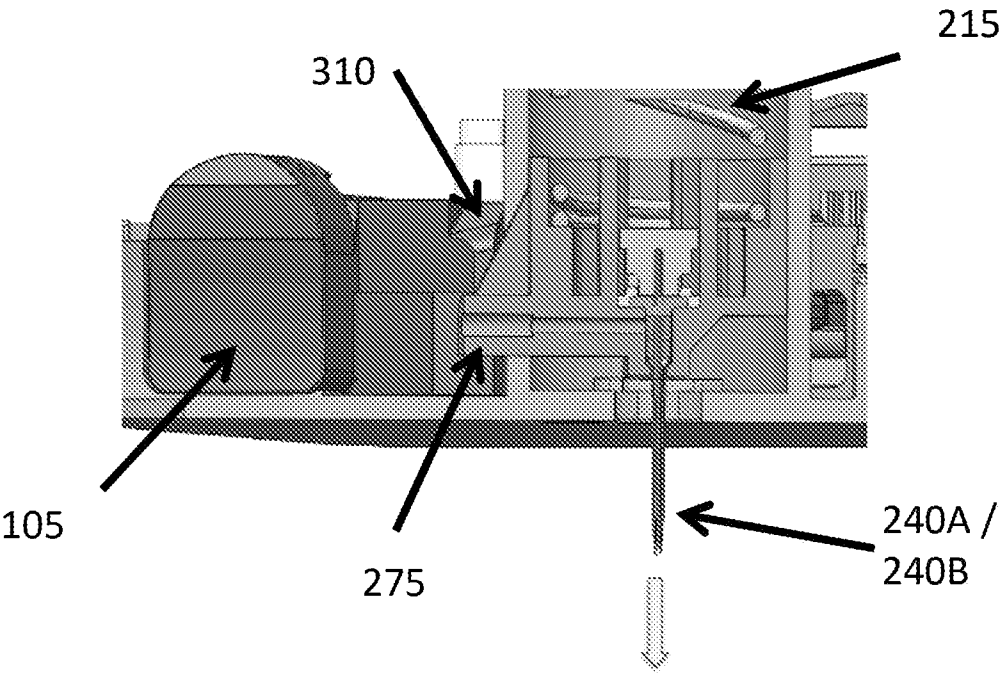


Figure 3F

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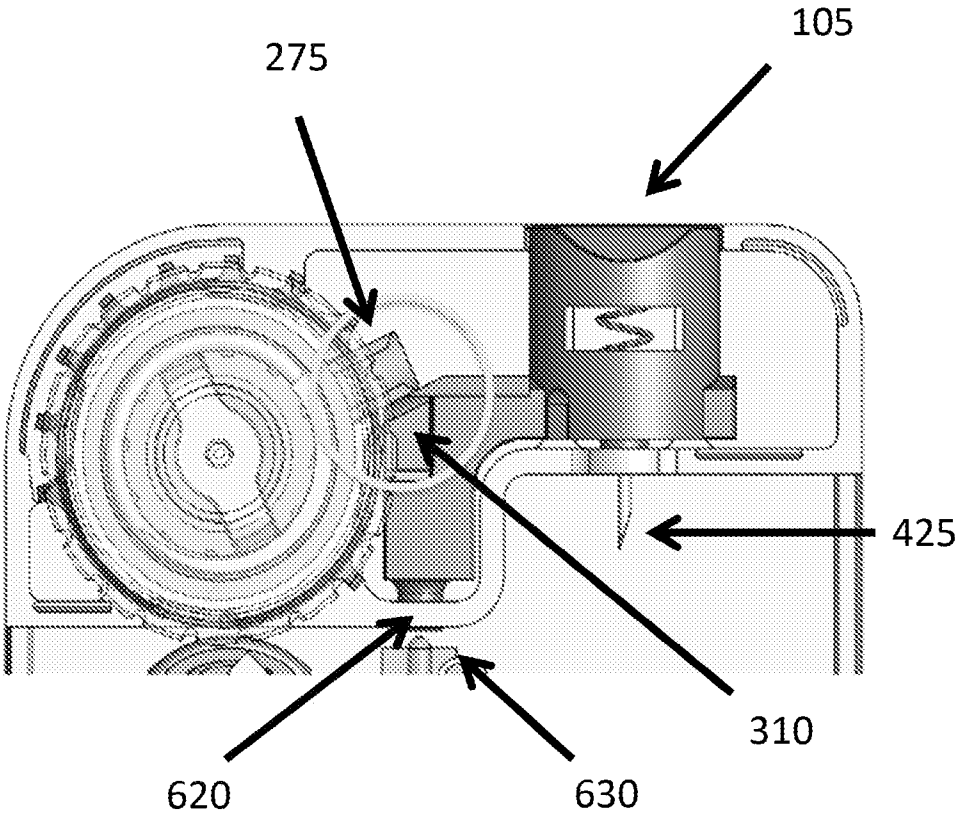


Figure 3G

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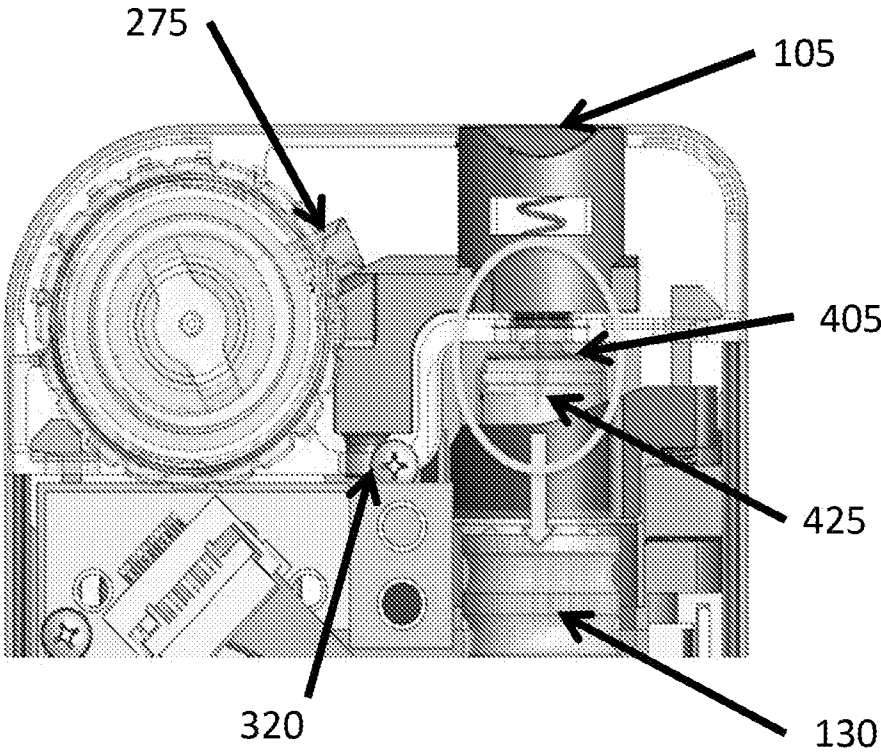


Figure 4A

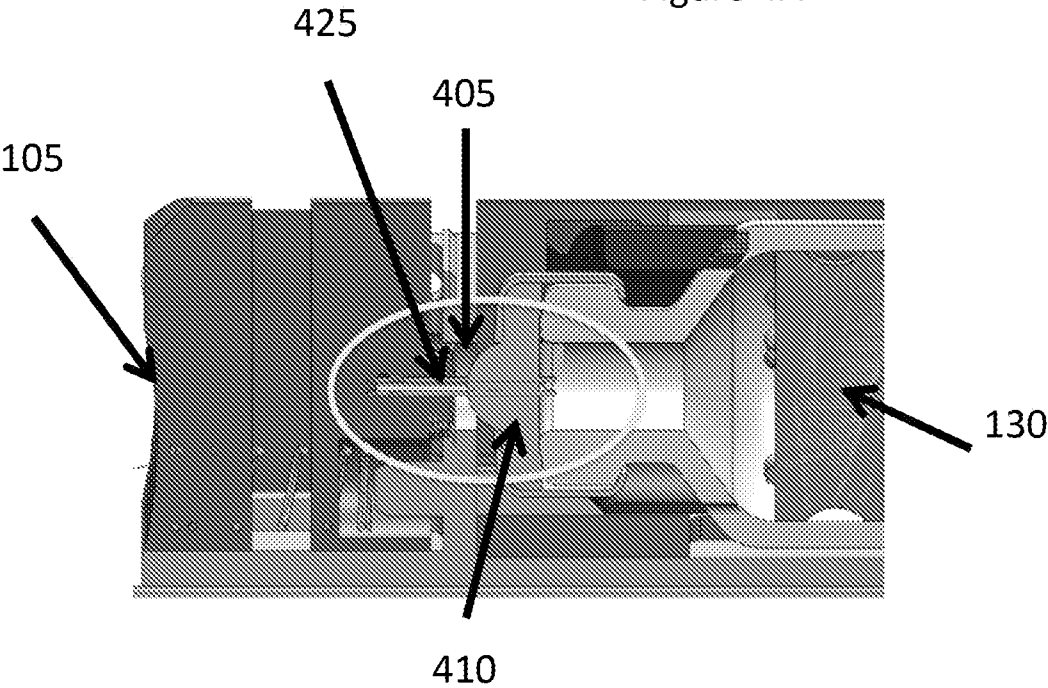


Figure 4B

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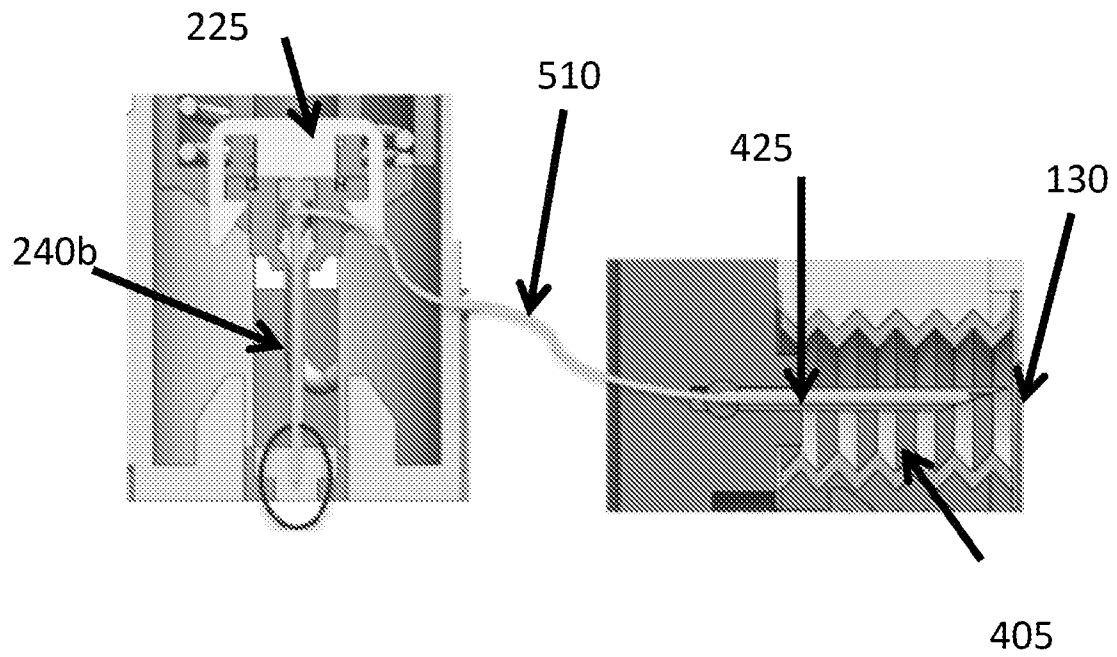


Figure 5A

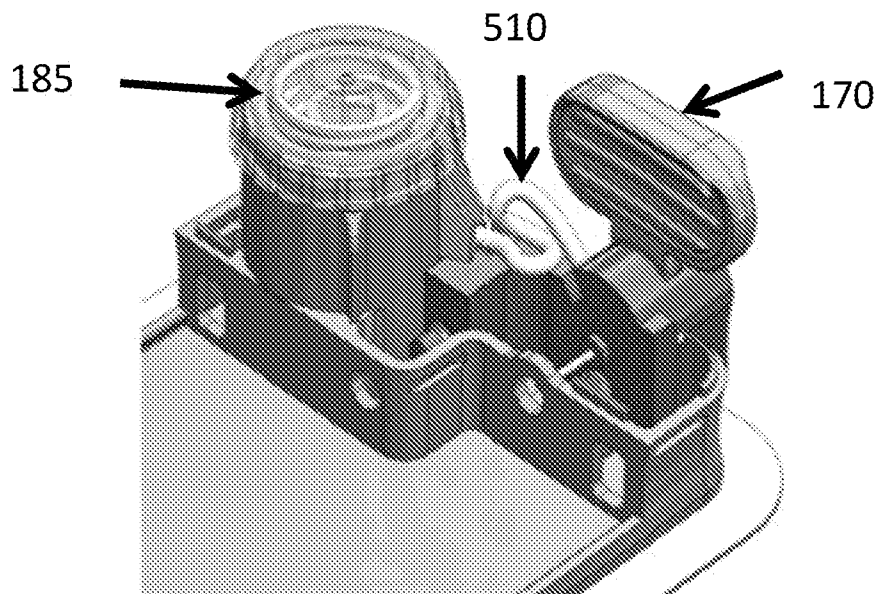


Figure 5B

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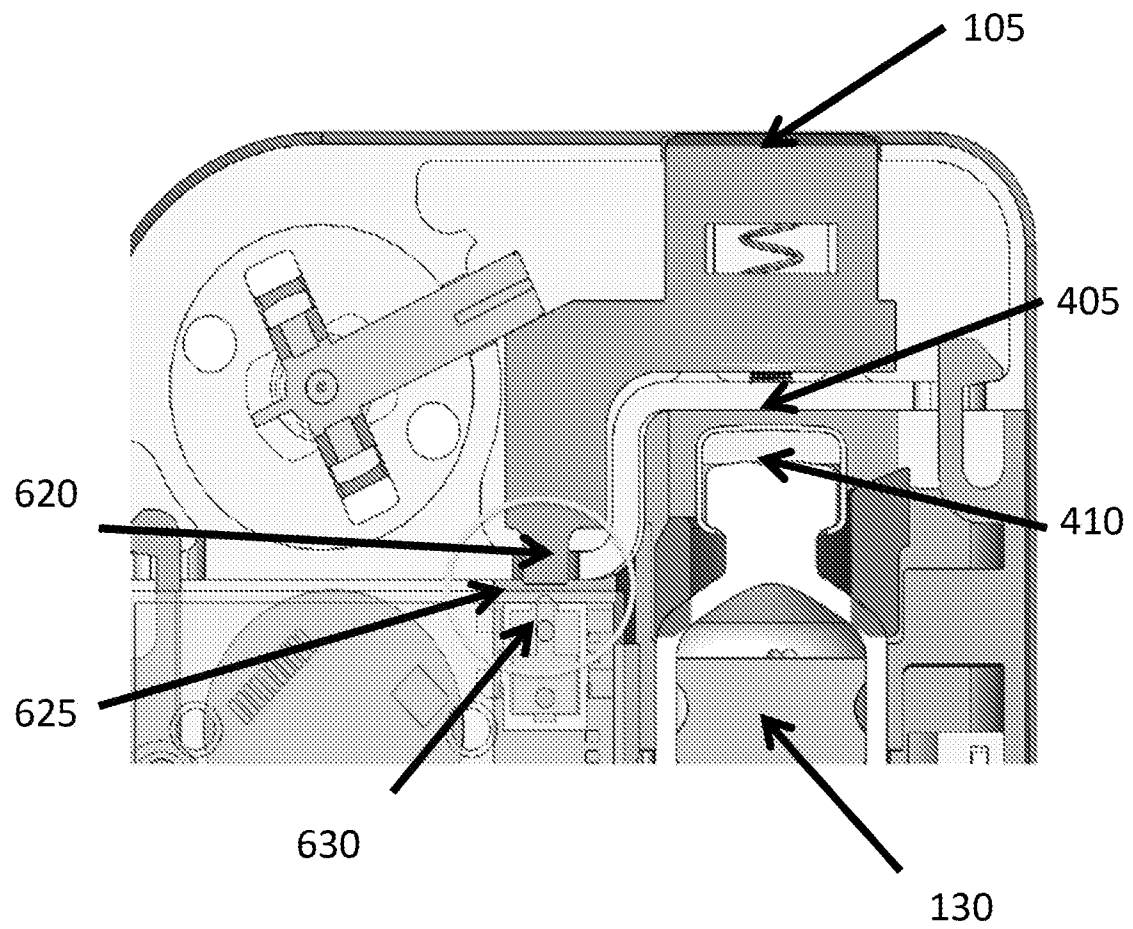


Figure 6

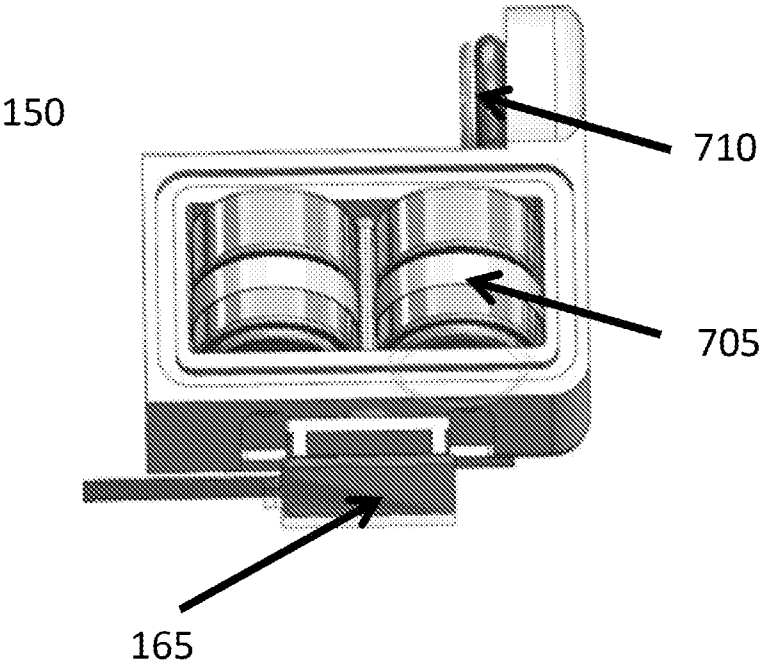


Figure 7

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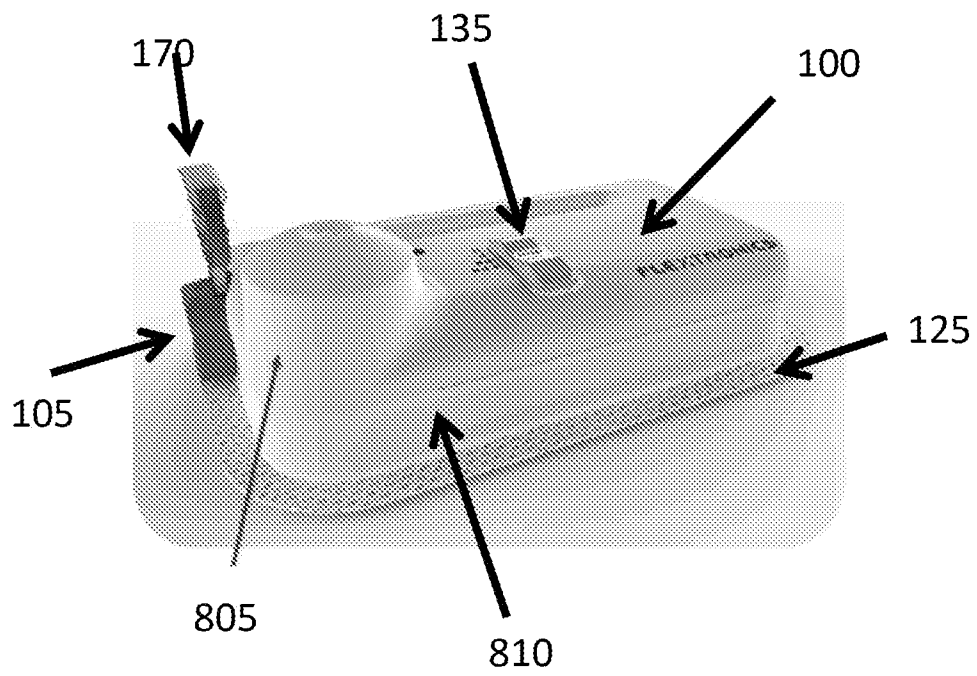


Figure 8

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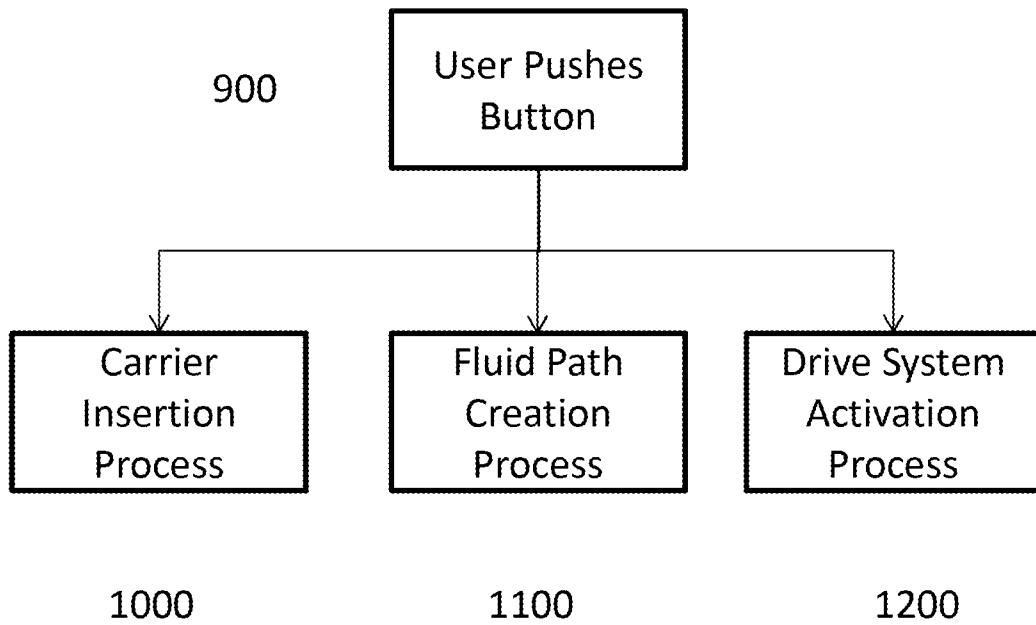


Figure 9

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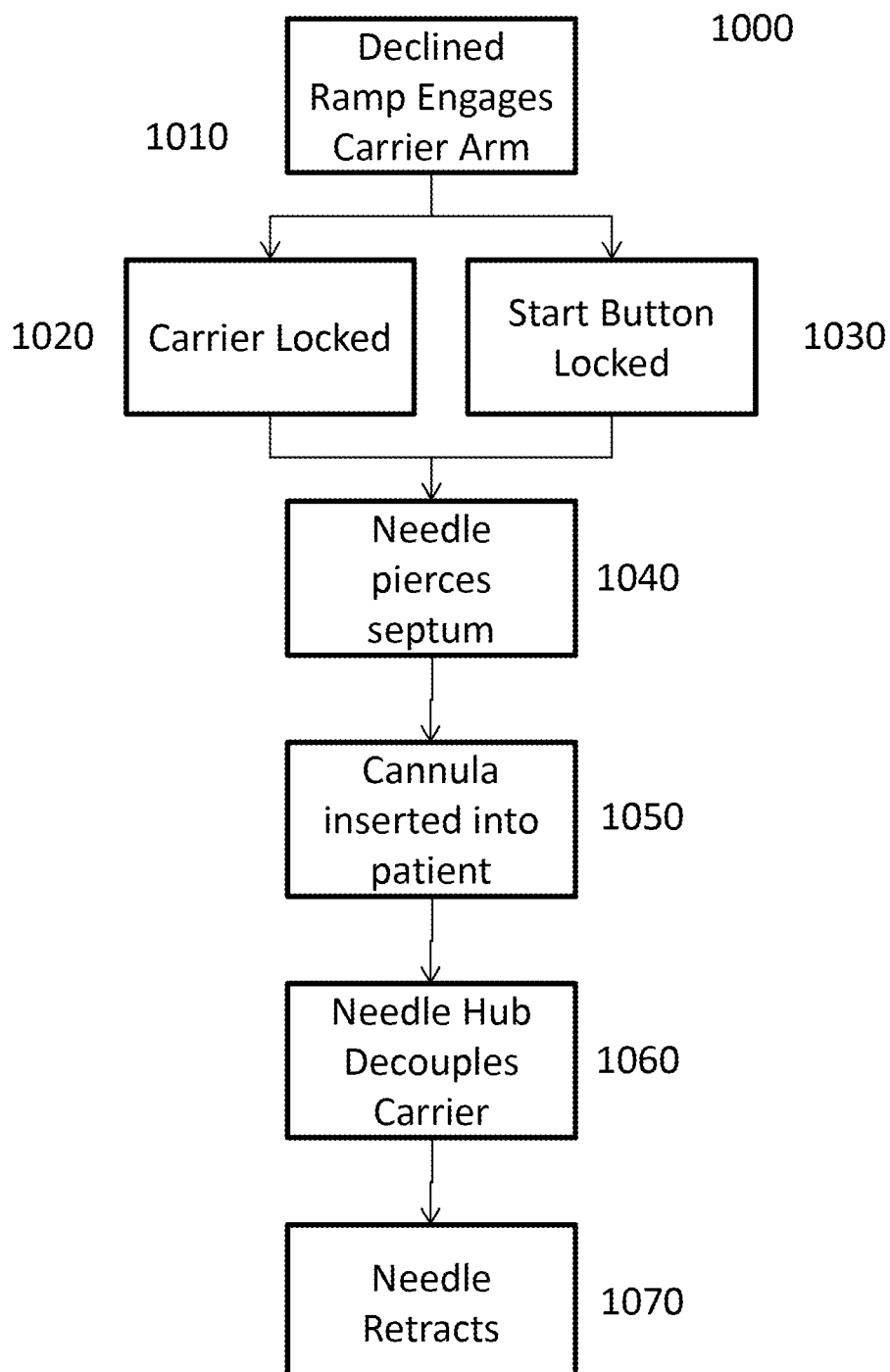


Figure 10

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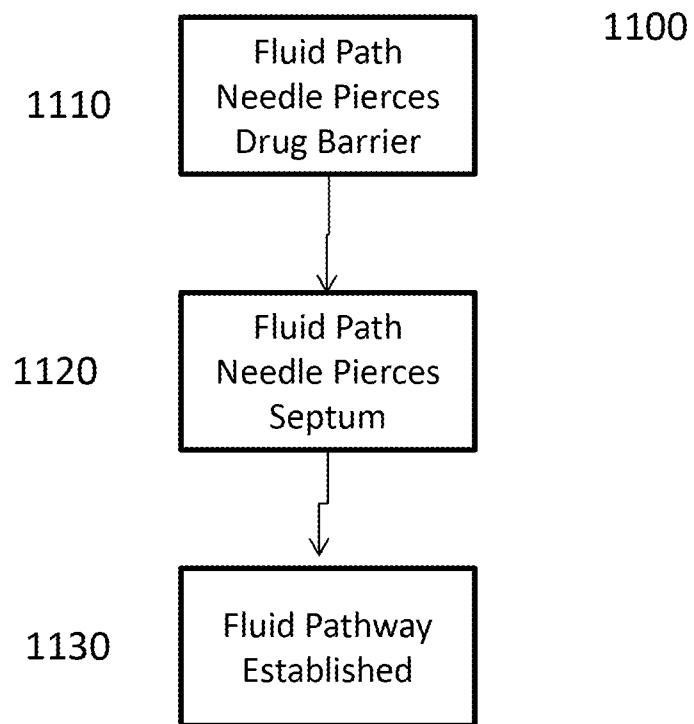


Figure 11

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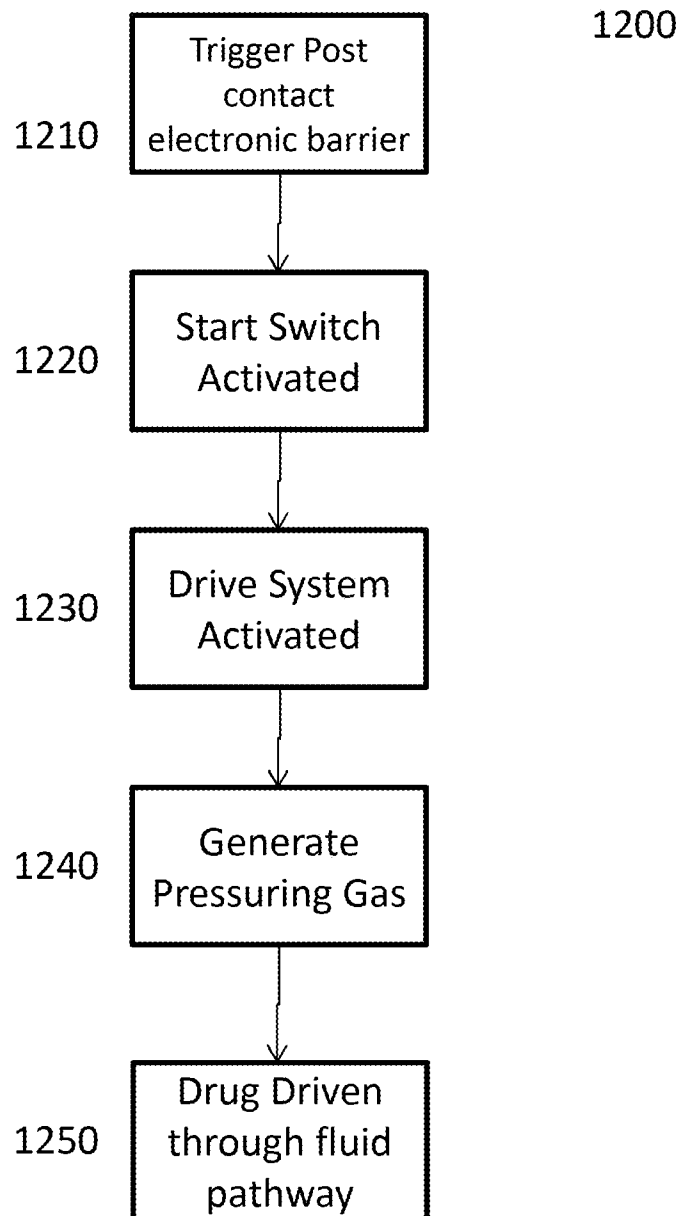


Figure 12

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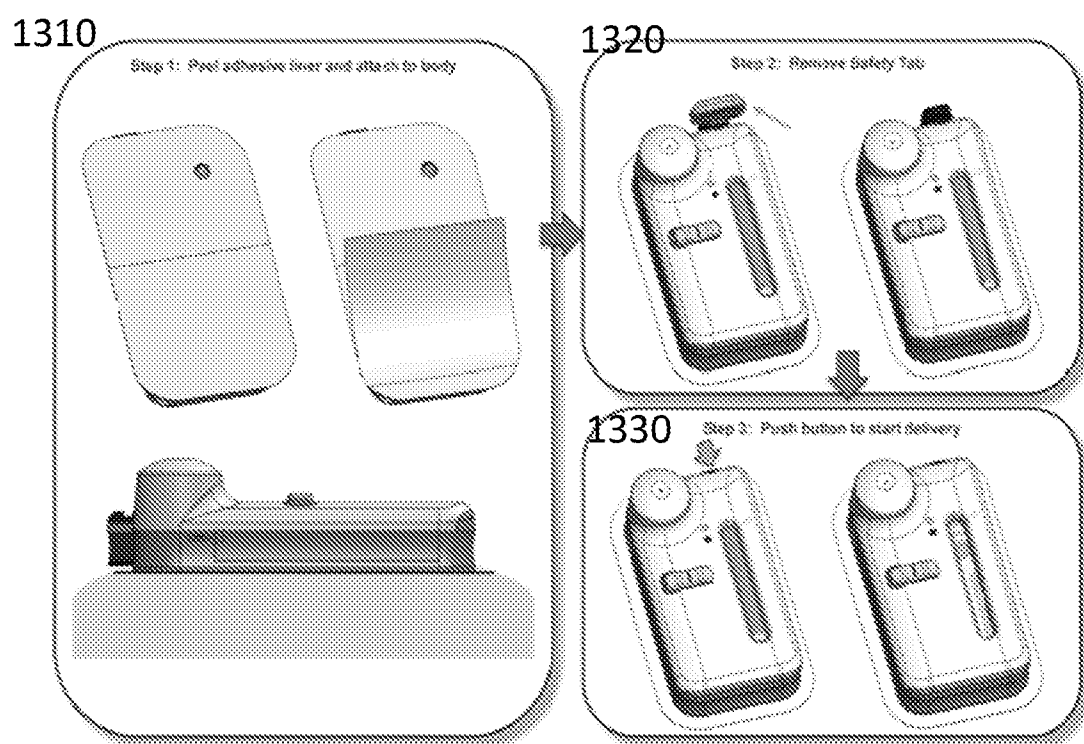


Figure 13

INTERNATIONAL SEARCH REPORT

International application No
PCT/US2016/041364

A. CLASSIFICATION OF SUBJECT MATTER

INV. A61M5/142 A61M5/155
ADD. A61M5/24

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
A61M

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

EPO-Internal, WPI Data

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	WO 2010/029054 A1 (HOFFMANN LA ROCHE [CH]; BOTH MARCEL [CH]; FRIEDLI KURT [CH]; KAUFMANN) 18 March 2010 (2010-03-18) figures 14-16, 19 -----	1-10
A	US 2013/280687 A1 (EDWARDS ERIC S [US] ET AL) 24 October 2013 (2013-10-24) paragraphs [0062] - [0068]; figures 1,2 -----	1-10
A	WO 2011/075100 A1 (BECTON DICKINSON CO [US]; VEDRINE LIONEL [US]; SONDEREGGER RALPH [US];) 23 June 2011 (2011-06-23) paragraph [0046]; figure 5 -----	1-10
A	US 2013/066274 A1 (O'CONNOR SEAN M [US] ET AL) 14 March 2013 (2013-03-14) paragraphs [0039] - [0043]; figures 4A, 4B ----- -/-	1-10



Further documents are listed in the continuation of Box C.



See patent family annex.

* Special categories of cited documents :

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier application or patent but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&" document member of the same patent family

Date of the actual completion of the international search

7 October 2016

Date of mailing of the international search report

14/10/2016

Name and mailing address of the ISA/

European Patent Office, P.B. 5818 Patentlaan 2
NL - 2280 HV Rijswijk
Tel. (+31-70) 340-2040,
Fax: (+31-70) 340-3016

Authorized officer

Krassow, Heiko

INTERNATIONAL SEARCH REPORT

International application No
PCT/US2016/041364

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	WO 2005/037350 A2 (NOVO NORDISK AS [DK]; HANSEN STEFFEN [DK]; LARSEN BJOERN GULLAK [DK];) 28 April 2005 (2005-04-28) figures 23A, 23B,25B -----	1-10
A	US 2014/296787 A1 (AGARD RYAN M [US] ET AL) 2 October 2014 (2014-10-02) the whole document -----	1-10

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US2016/041364

Box No. II Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)

This international search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☒ Claims Nos.: 11-20
because they relate to subject matter not required to be searched by this Authority, namely:
Claims 11-20 define subject-matter considered by this Authority to be covered by the provisions of Rule 67.1(iv) PCT, and no search report has been drawn up on said claims. The claims define methods for subcutaneous drug delivery, i.e. methods of treatment of the human being by therapy.
2. ☐ Claims Nos.:
because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:
3. ☐ Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box No. III Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. ☐ As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.
2. ☐ As all searchable claims could be searched without effort justifying an additional fees, this Authority did not invite payment of additional fees.
3. ☐ As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:
4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- ☐ The additional search fees were accompanied by the applicant's protest and, where applicable, the payment of a protest fee.
- ☐ The additional search fees were accompanied by the applicant's protest but the applicable protest fee was not paid within the time limit specified in the invitation.
- ☐ No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No

PCT/US2016/041364

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
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