

# SO EASY



The D-mine® Pump for Dacepton® 5 mg/ml in 20 ml vials.

An intuitive easy to use mg-based volumetric infusion pump system specifically developed for patients with Parkinson's Disease. **Automatic filling** ensures safe medication handling and with up to 5 different rates programmable in a few simple steps user training times are reduced. The D-mine® Pump supports greater self-reliance and mobility for your Parkinson's patients!



SUBCUTANEOUS USE

**Dacepton®**  
Apomorphine Hydrochloride



# INDICATION AND APPLICATION OF THE D-*mine*® PUMP

The EVER Pharma D-*mine*® Pump is a medical device for safe and reliable subcutaneous infusions of Dacepton® (Apomorphine Hydrochloride 5 mg/ml in 20 ml vials) for the treatment of Parkinson's disease.

The infusion pump is connected to the body with an infusion set and the medication will be delivered on a continuous level. This form of therapy is referred to as **Continuous Apomorphine Infusion Pump Therapy**.

Before starting administration, the drug is transferred from the vial into the D-*mine*® Pump Reservoir. This process is automatically performed by the pump.

The quantity of apomorphine that is continuously delivered over the course of a day is referred to as **basal flow rate or basal rate**. The basal rate settings for a day are referred to as **basal profile** and are set up for individual dose requirements.

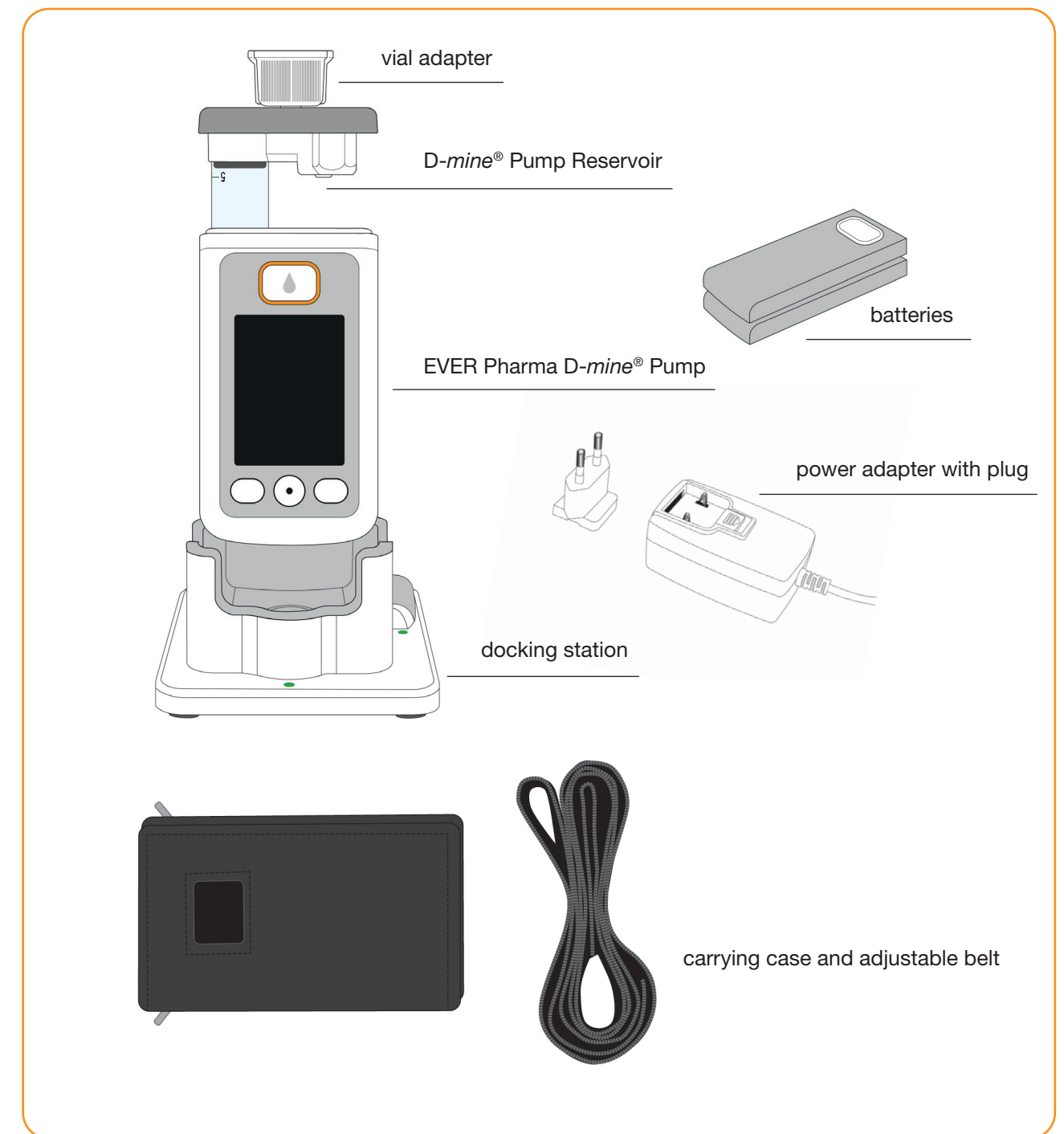
A **bolus** is an additionally required apomorphine dose released when pressing a specific **Bolus Button**. The bolus dose amount and quantity is likewise preset as appropriate for specific requirements of the patient.

The basal profile and bolus settings are determined by a Healthcare Professional according to the instructions of a Parkinson's disease specialist.

## Before using the pump

- The pump has to be preset from a Healthcare Professional to the dose prescribed and the patients has to be trained according to the instructions for use of the pump system.
- The D-*mine*® Pump controls administration of the drug. It works only in conjunction with the D-*mine*® Pump Reservoir.
- The reservoir, the adapter, the infusion set and the vial with the drug are sterile in their packaging. These items may not be used if their packaging is damaged or missing.
- Sterile products must not be reused!

# THE D-*mine*® PUMP ACCESSORIES



# OPERATING ELEMENTS



## SCREEN

The pump is equipped with an illuminated colour screen which provides important information for your therapy.

The **heading** displays general information, such as time and state of charge of the rechargeable battery. While you are operating the pump, the device shows you the progress.

In the **two text sections**, the most important information on operation and control of the pump is displayed.

The **function button section** at the lower edge shows you the respective meaning of the function buttons.

## BOLUS BUTTON

The bolus button enables fast delivery of a bolus.

## FUNCTION BUTTONS

Three function buttons are provided for operating the pump. These are located below the screen. The meaning of the three function buttons changes, depending on what commands are required for operating the selected function.

## RELEASE BUTTON

The reservoir is inserted into the pump and snaps into place audibly. You can unlock the reservoir and remove it by pressing the release button at the right side of the pump.

# SETTING UP THE D-mine® PUMP

**Before starting the infusion the pump has to be filled with the pharmaceutical drug.**

## I. CHECK SETTINGS

On the main screen, the following information has to be checked:

- the time is set correctly
- there is no error display
- the indicated dose settings are correct
- the delivery of the drug is stopped (the dialog area of the display is grayed out)

## II. GET THE MATERIALS READY

- a new vial of Apomorphine
- a new D-mine® Pump Reservoir
- the docking station to place the pump upright
- a new infusion set
- swabs, disinfectant or similar and a patch

## III. CONNECTING AND FILLING THE RESERVOIR

### 1. Prepare the D-mine® Pump Reservoir

Wash your hands thoroughly before touching sterile parts.

**⚠ Never use a reservoir that has damaged packaging. The reservoir will no longer be sterile and may be dirty.**

Remove the reservoir from its sterile packaging.



### 2. Attach the reservoir to the pump

Plug the reservoir into the opening of the pump as shown. The reservoir should engage with an audible click.

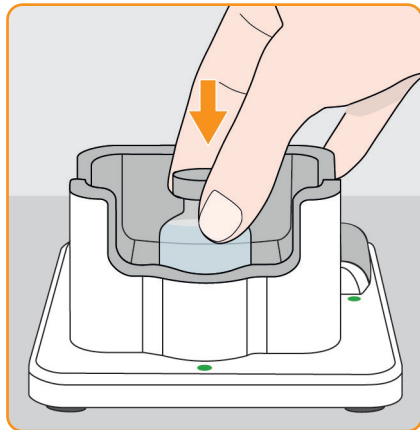


The pump recognizes that a reservoir has been inserted. If the reservoir is new, it must first be filled with medication.

### 3. Prepare the vial

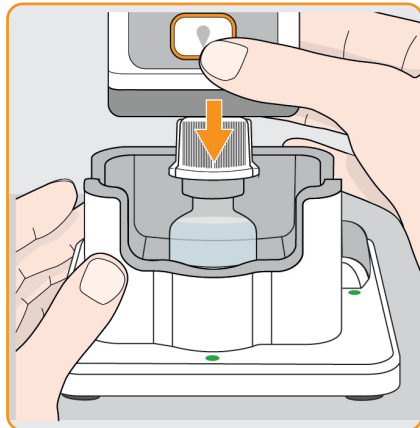
Take the new vial from its packaging and remove the orange cap. Then wipe the septum of the vial with a sterile swab.

Place the vial in the holder provided in the docking station.



### 4. Fix the pump with the reservoir and adapter onto the vial

Fix the entire pump with reservoir and attached adapter onto the vial, vertically from above, as shown. The adapter will snap onto the vial with an audible click.



### 5. Start filling

Place the pump upright into the docking station. The pump must be kept upright at all times during filling.



Press **✓** to start the filling process. The unit will pump the medication from the vial into the reservoir.

### 6. Remove and discard vial

The pump notifies you when the reservoir is full. Make sure that this is the case and then press **✓**.

Grip the vial on the adapter and twist to the left to remove both from the reservoir.



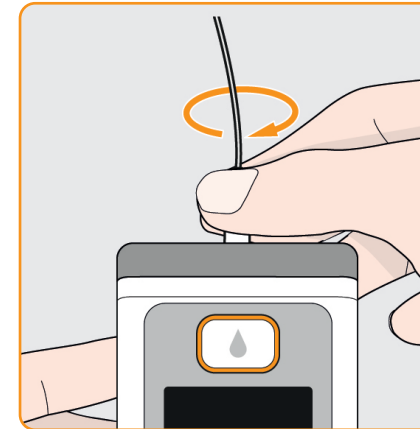
Dispose according to the vial's instructions.

If you now wish to continue to connect an infusion set, press **Yes**.

## IV. PRIMING AND STARTING THE INFUSION

### 1. Connecting the infusion set

Remove a new infusion set from its packaging and connect it with the reservoir of your pump. Make sure that the connection is well tightened.

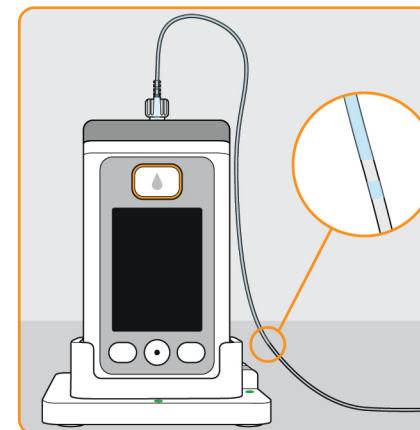


### 2. Place the pump with the infusion set into the docking station

The pump must always remain upright, even during the priming of the infusion set.

### 3. Start the priming procedure

Press **Yes**. The unit will pump the drug from the reservoir into the infusion set.

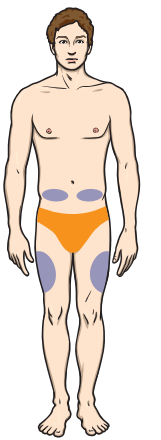


It will take a few seconds until the liquid is visible in the infusion set.

### 4. Prepare the puncture side

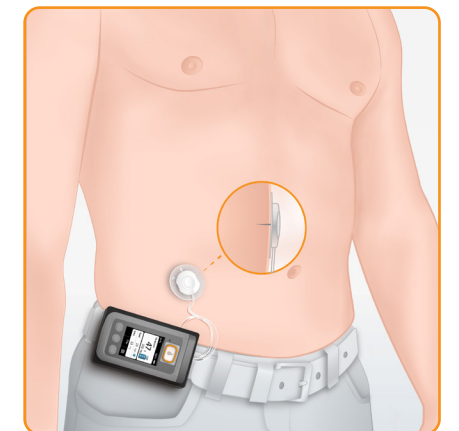
The following areas are suitable to place the infusion set subcutaneously:

- waist around the belly button
- outer thighs



Use a disinfection pad or solution to disinfect the puncture site. Then

- take a fold of your skin and puncture it with the needle of the catheter
- press the adhesive foil of the catheter onto the skin
- remove the grip of the catheter (depending on catheter type) to support the tube of the catheter, loop it 1–3 times an adhesive tape on your skin



### 5. Starting or stopping drug delivery

To start the infusion press **Start**. You can start and stop the delivery of the drug using the function keys.

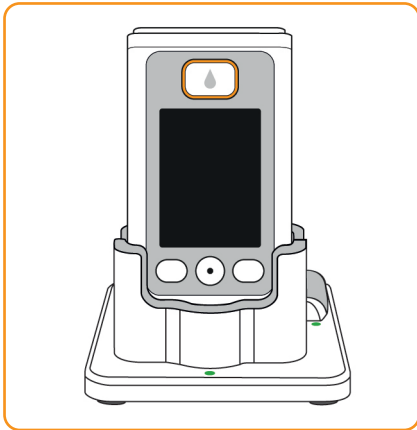
To stop the infusion press **Stop**.



6. Taking Off and recharge the pump

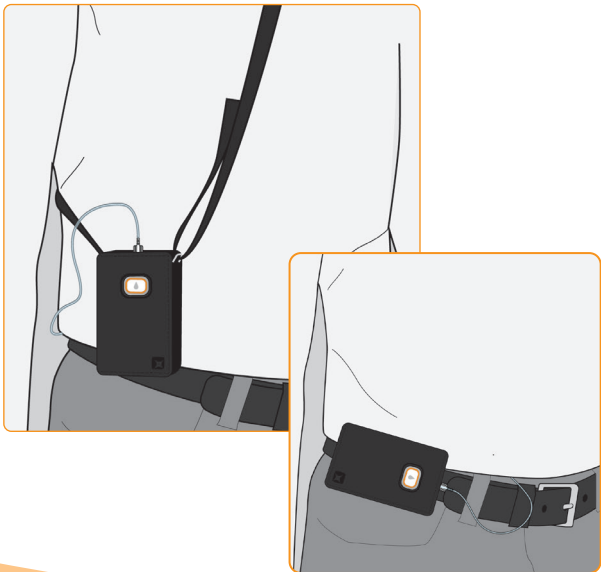
Remove the infusion set from your body. Then disconnect it from the reservoir and dispose of it.

Place the pump in the docking station. The device switches on the screen and confirms with a notice that the rechargeable battery in the pump is being recharged.



7. How to wear the pump

Put the pump into the carrying case. You can either wear the pump with the adjustable strap around the neck, over the shoulder or on the waist.



V. DEVICE SETTINGS

1. Setting the basal rate

You can program the daily course of the basal rate in up to five freely selectable time periods (basal times).

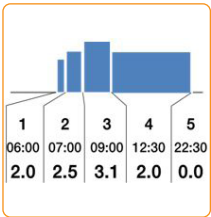
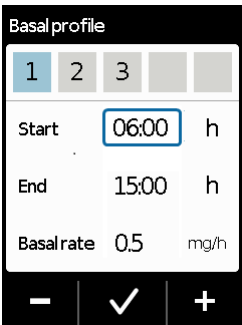
Navigate to the **Delivery settings** in the menu and select **Basal profile**. Press until the basal time you wish to change is displayed. Press **Change** and enter the release code.

Confirm the limits of the basal time period and press **✓** to confirm the ending time.

Set the new basal rate, then press **✓**.

Confirm all other basal times one by one by pressing **✓**.

After all time periods have been confirmed, the pump shows you the entire profile in a diagram.



It is recommended to note the values of the settings (Please see an example of a table for delivery settings on the next page).

Basal rate for basal time 1	Start	End	Basal rate
	h	h	mg/h
Basal rate for basal time 2	Start	End	Basal rate
	h	h	mg/h
Basal rate for basal time 3	Start	End	Basal rate
	h	h	mg/h
Basal rate for basal time 4	Start	End	Basal rate
	h	h	mg/h
Basal rate for basal time 5	Start	End	Basal rate
	h	h	mg/h

2. Setting the bolus rate

The settings include

- the bolus quantity
- the number of boli allowed during the day
- the minumim disabled peroid (lockout time)

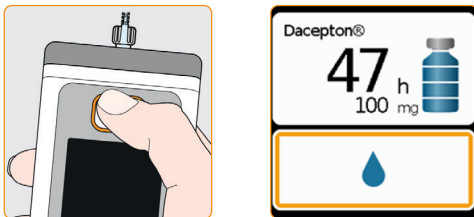
Navigate to the **Delivery settings** in the menu and select **Set bolus**. Press **Change** and enter the release code.

Set the bolus settings in the same way as during preparation of the device for initial setup.



3. Delivering a bolus

A separate button above the screen is provided for delivering a bolus. The device displays a corresponding message in the text section of the screen.



The pump indicates completion with a notice on the screen and the „Bolus completed“ signal tone.

The bolus function is disabled

- if too little time has elapsed since the last bolus
- if the limited number of boluses has already been exceeded
- if the amount of apomorphine available is no longer sufficient for a bolus

In these cases, your pump displays the symbol next to the bolus quantity.

VI. CLEANING AND STORAGE

When cleaning the EVER Pharma D-mine® Pump:

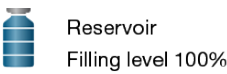
- Wipe your pump with a moist cloth, with the reservoir attached
- If you clean the connection of the pump to the reservoir, take care to ensure that you do not put pressure on the flexible coupling located there.
- Preferably use water or a mild cleaning agent.
- Medical cleaning wipes with alcoholic liquids or related substances may not be used.

- Never use aggressive cleaning agents such as acetone or acids though.

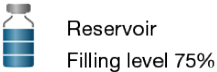
Store your EVER Pharma D-mine® pump and its accessories under normal indoor climate conditions.

Stop drug delivery, take the pump off as described in Section 6. The D-mine® Pump box helps you to have all components ready when you take the pump into operation again.

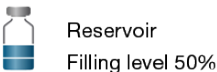
VII. SYMBOLS AND WARNINGS



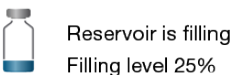
Reservoir  
Filling level 100%



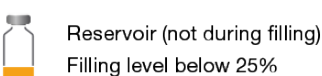
Reservoir  
Filling level 75%



Reservoir  
Filling level 50%



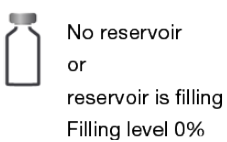
Reservoir is filling  
Filling level 25%



Reservoir (not during filling)  
Filling level below 25%



Alarm  
Reservoir empty



No reservoir  
or  
reservoir is filling  
Filling level 0%



Rechargeable battery  
OK



Rechargeable battery  
is being charged



Warning  
Rechargeable battery  
almost empty



Alarm  
Rechargeable battery  
empty



Place pump upright in  
docking station



Alarm



Notice



Warning message



Unlock buttons



Bolus currently disabled



Ongoing delivery

VIII. SPECIFICATIONS

Dimensions (with reservoir, without adapter)	Length	114.3	mm
	Width	61.4	mm
	Thickness	29.9	mm
Weight	Pump	140	g
	Reservoir empty	22	g
Temperature	In operation	+5 to +40	° C
	Storage	-25 to +70	° C
Air humidity	In operation	15 to 93	% rel.
	Storage	up to 93	% rel.
Atmospheric pressure	In operation	70 to 106	kPa (mbar)
	Storage	n/a	kPa (mbar)
Power supply	Rechargeable battery	Lithium polymer	V mAh Wh
		3.7 650 2.4	
Service life of a rechargeable battery	Typical operating time with one charge	7	days
	Number of charging cycles	300	cycles
History	View	3 15	days entries
	Readout	125 up to 625	days entries

ANY OTHER QUESTIONS?

Please call your local helpline if you have any questions.

Your D-mine® Care Team.



**ABBREVIATED PRESCRIBING INFORMATION:** Dacepton 5 mg/ml Solution for infusion. **QUALITATIVE AND QUANTITATIVE COMPOSITION:** 1 ml contains 5 mg apomorphine hydrochloride hemihydrate, 20 ml contain 100 mg apomorphine hydrochloride hemihydrate. Excipient with known effect: Sodium metabisulphite (E223) 1 mg per ml, Sodium chloride 8 mg per ml. **PHARMACEUTICAL FORM:** Solution for infusion. Clear and colourless to slightly yellow solution, free from visible particles, pH of 3.3 – 4.0. Osmolality: 290 mOsm/kg. **THERAPEUTIC INDICATIONS:** Treatment of motor fluctuations ("on-off" phenomena) in patients with Parkinson's disease which are not sufficiently controlled by oral anti-Parkinson medication. **POSLOGY AND METHOD OF ADMINISTRATION:** Selection of Patients suitable for Dacepton 5 mg/ml solution for infusion: Patients selected for treatment with Dacepton 5 mg/ml solution for infusion should be able to recognise the onset of their "off" symptoms and be capable of injecting themselves or else have a responsible carer able to inject for them when required. It is essential that the patient is established on domperidone, usually 20 mg three times daily, for at least two days prior to initiation of therapy. Apomorphine should be initiated in the controlled environment of a specialist clinic. The patient should be supervised by a physician experienced in the treatment of Parkinson's disease (e.g. neurologist). The patient's treatment with levodopa, with or without dopamine agonists, should be optimised before starting treatment with Dacepton 5 mg/ml solution for infusion. Adults: **METHOD OF ADMINISTRATION:** Dacepton 5 mg/ml solution for infusion is a pre-diluted vial intended for use without dilution for subcutaneous use and to be administered as a continuous subcutaneous infusion by minipump and/or syringe-driver. It is not intended to be used for intermittent injection. Apomorphine must not be used via the intravenous route. Do not use if the solution has turned green. The solution should be inspected visually prior to use. Only clear, colourless to slightly yellow and particle free solution should be used. **POSLOGY:** Continuous Infusion Patients who have shown a good "on" period response during the initiation stage of apomorphine therapy, but whose overall control remains unsatisfactory using intermittent injections, or who require many and frequent injections (more than 10 per day), may be commenced on or transferred to continuous subcutaneous infusion by minipump and/or syringe-driver as follows: The choice, of which minipump and / or syringe-driver to use, and the dosage settings required, will be determined by the physician in accordance with the particular needs of the patient. **DETERMINATION OF THRESHOLD DOSE:** The threshold dose for continuous infusion should be determined as follows: Continuous infusion is started at a rate of 1 mg apomorphine hydrochloride hemihydrate (0.2 ml) per hour then increased according to the individual response each day. Increases in the infusion rate should not exceed 0.5 mg at intervals of not less than 4 hours. Hourly infusion rates may range between 1 mg and 4 mg (0.2 ml and 0.8 ml), equivalent to 0.014-0.06 mg/kg/hour. Infusions should run for waking hours only. Unless the patient is experiencing severe night-time problems, 24 hour infusions are not advised. Tolerance to the therapy does not seem to occur as long as there is an overnight period without treatment of at least 4 hours. In any event, the infusion site should be changed every 12 hours. Patients may need to supplement their continuous infusion with intermittent bolus boosts, as necessary, and as directed by their physician. A reduction in dosage of other dopamine agonists may be considered during continuous infusion. **ESTABLISHMENT OF TREATMENT:** Alterations in dosage may be made according to the patient's response. The optimal dosage of apomorphine hydrochloride hemihydrate varies between individuals but, once established, remains relatively constant for each patient. **PRECAUTIONS ON CONTINUING TREATMENT:** The daily dose of Dacepton 5 mg/ml solution for infusion varies widely between patients, typically within the range of 3-30 mg. It is recommended that the total daily dose of apomorphine hydrochloride hemihydrate should not exceed 100 mg. In clinical studies it has usually been possible to make some reduction in the dose of levodopa; this effect varies considerably between patients and needs to be carefully managed by an experienced physician. Once treatment has been established, domperidone therapy may be gradually reduced in some patients but successfully eliminated only in a few, without any vomiting or hypotension. **Paediatric population:** Dacepton 5 mg/ml solution for infusion is contraindicated for children and adolescents under 18 years of age. Elderly: The elderly are well represented in the population of patients with Parkinson's disease and constitute a high proportion of those studied in clinical trials of apomorphine. The management of elderly patients treated with apomorphine has not differed from that of younger patients. However, extra caution is recommended during initiation of therapy in elderly patients because of the risk of postural hypotension. Renal impairment: A dose schedule similar to that recommended for adults, and the elderly, can be followed for patients with renal impairment. **CONTRAINDICATIONS:** Hypersensitivity to the active substance or to any of the excipients. In patients with respiratory depression, dementia, psychotic diseases or hepatic insufficiency. Apomorphine hydrochloride hemihydrate treatment must not be administered to patients who have an "on" response to levodopa which is marred by severe dyskinesia or dystonia. Dacepton 5 mg/ml solution for infusion is contraindicated for children and adolescents under 18 years of age. Special warnings and precautions for use Apomorphine hydrochloride hemihydrate should be given with caution to patients with renal, pulmonary or cardiovascular disease and persons prone to nausea and vomiting. Extra caution is recommended during initiation of therapy in elderly and/or debilitated patients. Since apomorphine may produce hypotension, even when given with domperidone pre-treatment, care should be exercised in patients with pre-existing cardiac disease or in patients taking vasoactive medicinal products such as antihypertensives, and especially in patients with pre-existing postural hypotension. Since apomorphine, especially at high dose, may have the potential for QT prolongation, caution should be exercised when treating patients at risk for torsades de pointes arrhythmia. Apomorphine is associated with local subcutaneous effects. These can sometimes be reduced by the rotation of injection sites or possibly by the use of ultrasound (if available) in order to avoid areas of nodularity and induration. Haemolytic anaemia and thrombocytopenia have been reported in patients treated with apomorphine. Haematology tests should be undertaken at regular intervals as with levodopa, when given concomitantly with apomorphine. Caution is advised when combining apomorphine with other medicinal products, especially those with a narrow therapeutic range. Neuropsychiatric problems co-exist in many patients with advanced Parkinson's disease. There is evidence that for some patients neuropsychiatric disturbances may be exacerbated by apomorphine. Special care should be exercised when apomorphine is used in these patients. Apomorphine has been associated with somnolence, and episodes of sudden sleep onset, particularly in patients with Parkinson's disease. Patients must be informed of this and advised to exercise caution while driving or operating machines during treatment with apomorphine. Patients who have experienced somnolence and/or an episode of sudden sleep onset must refrain from driving or operating machines. Furthermore, a reduction of dosage or termination of therapy may be considered. Impulse control disorders: Patients should be regularly monitored for the development of impulse control disorders. Patients and carers should be made aware that behavioural symptoms of impulse control disorders including pathological gambling, increased libido, hypersexuality, compulsive spending or buying, binge eating and compulsive eating can occur in patients treated with dopamine agonists including apomorphine. Dose reduction/tapered discontinuation should be considered if such symptoms develop. Dopamine dysregulation Syndrome (DDS) is an addictive disorder resulting in excessive use of the product seen in some patients treated with apomorphine. Before initiation of treatment, patients and caregivers should be warned of the potential risk of developing DDS. Dacepton 5 mg/ml solution for infusion contains sodium metabisulphite which may rarely cause severe hypersensitivity reactions and bronchospasm. Dacepton 5 mg/ml contains 3.4 mg sodium per ml. To be taken into consideration by patients on a controlled sodium diet. Interaction with other medicinal products and other forms of interaction: Patients selected for treatment with apomorphine hydrochloride hemihydrate are almost certain to be taking concomitant medications for their Parkinson's disease. In the initial stages of apomorphine hydrochloride hemihydrate therapy, the patient should be monitored for unusual side-effects or signs of potentiation of effect. Neuroleptic medicinal products may have an antagonistic effect if used with apomorphine. There is a potential interaction between clozapine and apomorphine, however clozapine may also be used to reduce the symptoms of neuropsychiatric complications. If neuroleptic medicinal products have to be used in patients with Parkinson's disease treated by dopamine agonists, a gradual reduction in apomorphine dose may be considered when administration is by minipump and/or syringe-driver (symptoms suggestive of neuroleptic malignant syndrome have been reported rarely with abrupt withdrawal of dopaminergic therapy). The possible effects of apomorphine on the plasma concentrations of other medicinal products have not been studied. Therefore caution is advised when combining apomorphine with other medicinal products, especially those with a narrow therapeutic range. Antihypertensive and Cardiac Active Medicinal Products: Even when co-administered with domperidone, apomorphine may potentiate the antihypertensive effects of these medicinal products. It is recommended to avoid the administration of apomorphine with other drugs known to prolong the QT interval. Fertility, pregnancy and lactation: There is no experience of apomorphine usage in pregnant women. Animal reproduction studies do not indicate any teratogenic effects, but doses given to rats which are toxic to the mother can lead to failure to breathe in the newborn. The potential risk for humans is unknown. Dacepton 5 mg/ml solution for infusion should not be used during pregnancy unless clearly necessary. It is not known whether apomorphine is excreted in breast milk. A decision on whether to continue/discontinue breastfeeding or to continue/discontinue therapy with Dacepton 5 mg/ml solution for infusion should be made taking into account the benefit of breast-feeding to the child and the benefit of Dacepton 5 mg/ml solution for infusion to the woman. Effects on ability to drive and use machines: Apomorphine hydrochloride hemihydrate has minor or moderate influence on the ability to drive and use machines. Patients being treated with apomorphine and presenting with somnolence and/or sudden sleep episodes must be informed to refrain from driving or engaging in activities (e.g. operating machines) where impaired alertness may put themselves or others at risk of serious injury or death until such recurrent episodes and somnolence have resolved. **UNDESIRABLE EFFECTS:** Very common: (≥1/10), common: (≥1/100 to <1/10), uncommon: (≥1/1,000 to <1/100), rare: (≥1/10,000 to <1/1,000), very rare: (<1/10,000), Not known: (cannot be estimated from the available data). Blood and lymphatic system disorders: Uncommon: Haemolytic anaemia and thrombocytopenia have been reported in patients treated with apomorphine. Rare: Eosinophilia has rarely occurred during treatment with apomorphine hydrochloride hemihydrate. Immune system disorders: Rare: Due to the presence of sodium metabisulphite, allergic reactions (including anaphylaxis and bronchospasm) may occur. Psychiatric disorders: Common: Neuropsychiatric disturbances are common in parkinsonian patients. Dacepton 5 mg/ml solution for infusion should be used with special caution in these patients. Neuropsychiatric disturbances (including transient mild confusion and visual hallucinations) have occurred during apomorphine hydrochloride hemihydrate therapy. Not known: Impulse control disorders: Pathological gambling, increased libido, hypersexuality, compulsive spending or buying, binge eating and compulsive eating can occur in patients treated with dopamine agonists including apomorphine. Aggression, agitation. Nervous system disorders: Common: Transient sedation with each dose of apomorphine hydrochloride hemihydrate at the start of therapy may occur; this usually resolves over the first few weeks. Apomorphine is associated with somnolence. Dizziness / light-headedness have also been reported. Uncommon: Apomorphine may induce dyskinesias during "on" periods which can be severe in some cases, and in a few patients may result in cessation of therapy. Apomorphine has been associated with sudden sleep onset episodes, syncope and headache. Vascular disorders: Uncommon: Postural hypotension is seen infrequently and is usually transient: Respiratory, thoracic and mediastinal disorders Common: Yawning has been reported during apomorphine therapy. Uncommon: Breathing difficulties have been reported. Gastrointestinal disorders: Common: Nausea and vomiting, particularly when apomorphine treatment is first initiated, usually as a result of the omission of domperidone. Skin and subcutaneous tissue disorders: Uncommon: Local and generalised rashes have been reported. eneral disorders and administration site conditions: Very common: Most patients experience injection site reactions, particularly with continuous use. These may include subcutaneous nodules, induration, erythema, tenderness and panniculitis. Various other local reactions (such as irritation, itching, bruising and pain) may also occur. Uncommon: Injection site necrosis and ulceration have been reported. Not Known: Peripheral oedema has been reported. Investigations Uncommon: Positive Coombs' tests have been reported for patients receiving apomorphine. Reporting of suspected adverse reactions Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system. Overdose: There is little clinical experience of overdose with apomorphine by this route of administration. Symptoms of overdose may be treated empirically as suggested: Excessive emesis may be treated with domperidone. Respiratory depression may be treated with naloxone. Hypotension: appropriate measures should be taken, e.g. raising the foot of the bed. Bradycardia may be treated with atropine. **PHARMACODYNAMIC PROPERTIES:** Pharmacotherapeutic group: Anti-Parkinson drugs, dopamine agonists, ATC code: N04B C07. Mechanism of action: Apomorphine is a direct stimulant of dopamine receptors and while possessing both D1 and D2 receptor agonist properties does not share transport or metabolic pathways with levodopa. Although in intact experimental animals, administration of apomorphine suppresses the rate of firing of nigro-striatal cells and in low dose has been found to produce a reduction in locomotor activity (thought to represent pre-synaptic inhibition of endogenous dopamine release) its actions on parkinsonian motor disability are likely to be mediated at post-synaptic receptor sites. This biphasic effect is also seen in humans. Pharmacokinetic properties: After subcutaneous injection of apomorphine its fate can be described by a two-compartment model, with a distribution half-life of 5 (±1.1) minutes and an elimination half-life of 33 (±3.9) minutes. Clinical response correlates well with levels of apomorphine in the cerebrospinal fluid; the active substance distribution being best described by a two-compartment model. Apomorphine is rapidly and completely absorbed from subcutaneous tissue, correlating with the rapid onset of clinical effects (4-12 minutes), and that the brief duration of clinical action of the active substance (about 1 hour) is explained by its rapid clearance. The metabolism of apomorphine is by glucuronidation and sulphonation to at least ten per cent of the total; other pathways have not been described. **PRECLINICAL SAFETY DATA:** Repeat dose subcutaneous toxicity studies reveal no special hazard for humans, beyond the information included in other sections of the SmPC. In vitro genotoxicity studies demonstrated mutagenic and clastogenic effects, most likely due to products formed by oxidation of apomorphine. However, apomorphine was not genotoxic in the in vivo studies performed. The effect of apomorphine on reproduction has been investigated in rats. Apomorphine was not teratogenic in this species, but it was noted that doses which are toxic to the mother can cause loss of maternal care and failure to breathe in the newborn. No carcinogenicity studies have been performed. **LIST OF EXCIPIENTS:** Sodium metabisulphite (E223), Sodium chloride, Hydrochloric acid (for pH-adjustment), water for injections. Incompatibilities: In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products. **SHELF LIFE:** Unopened: 30 months. After opening and filling the drug product in syringes attached with infusion sets: chemical and physical in-use stability has been demonstrated for 7 days at 25 °C. From a microbiological point of view, unless the method of opening and further handling precludes the risk of microbial contamination, the product should be used immediately. If not used immediately, in-use storage times and conditions are the responsibility of the user. Single use only. Discard any unused contents. Special precautions for storage: Keep the vials in the outer carton in order to protect from light. Do not refrigerate or freeze. **NATURE AND CONTENTS OF CONTAINER:** Clear glass vials, type I with bromobutyl rubber stopper and a flip-off cap, containing 20 ml solution for infusion, in packs of 1 or 5 vials. Bundle packs: 5 x 1, 10 x 1, 30 x 1, 2 x 5 and 6 x 5. Not all pack sizes may be marketed. Special precautions for disposal and other handling: Do not use if the solution has turned green. The solution should be inspected visually prior to use. Only clear and colourless to slightly yellow solutions without particles in undamaged containers should be used. For single use only. Any unused medicinal product or waste material should be disposed in accordance with local requirements. Continuous infusion and the use of a minipump and/or syringe-driver The choice of which minipump and/or syringe-driver to use, and the dosage settings required, will be determined by the physician in accordance with the particular needs of the patient. **MARKETING AUTHORISATION HOLDER:** EVER Neuro Pharma GmbH, Oberburgau 3, 4866 Unterach, Österreich. **MARKETING AUTHORISATION NUMBER:** AT/H/0364/002/DC. Legal Category: POM. Date of last revision: July 2020.