

February 2026

Guidance note for the discontinuation of Levemir® (insulin detemir) FlexPen® 100 units/ml solution for injection 3ml prefilled pens and Levemir® Penfill 100units/ml solution for injection 3ml cartridges

This guidance note applies to clinicians managing adults, adolescents, and children with diabetes mellitus who are currently prescribed Levemir® (insulin detemir) across primary, community, and secondary care settings in North East London (NEL). It has been developed in response to the discontinuation of Levemir® FlexPen® and Penfill® preparations announced by Novo Nordisk®, with supplies expected to be exhausted by the end of 2026^{[1][2]}. This discontinuation is not related to safety concerns. Its content aligns with the recommendations and actions in the national [Medicines Supply Notification](#) (MSN/2025/036)^{[1][2]}.

The rationale for this document is to provide clear direction for NEL healthcare professionals, enabling coordinated and timely reviews while maintaining continuity of care and supporting local formulary adherence. Its purpose is to support a consistent, evidence-based, and system-wide approach to safely discontinuing Levemir® and transitioning patients to suitable alternative long-acting (basal) insulins^{[3][4][5][6][7][8]}. This document is primarily for use in general practice and community pharmacy and is also relevant to diabetes specialist nurses, paediatric diabetes teams, and other healthcare professionals involved in the prescribing, review, or administration of insulin. All relevant staff groups within NEL Integrated Care System (ICS) and partner organisations should follow this advice to promote standardisation, patient safety, and continuity of care.

The NEL approach

In consultation with the NEL Diabetes Improvement Network, the NEL Levemir Discontinuation Task and Finish Group has agreed the following approach to oversee implementation, ensuring consistent messaging, governance oversight, and minimising variation across boroughs and patient groups:

- Acute and Specialist community diabetes teams will review all patients currently on their caseload prescribed Levemir®, as part of their routine diabetes reviews, including children and young people under paediatric care.
- Paediatric and adolescent patients under the care of specialist diabetes teams should continue to be managed in accordance with local specialist pathways, supported by this approach to ensure alignment across NEL^[9].
- Switches may also take place in primary care where insulin initiation / ongoing management is being undertaken by practice diabetes nurses, GPs with specialist interest, pharmacists and other suitably experienced clinicians.
- Where needed, specialist diabetes teams can be contacted for case-by-case discussion as part of a Multidisciplinary team meeting (MDT), advice and guidance.
- All staff are advised to follow national clinical guidance: [Discontinuation of Levemir \(insulin detemir\): Joint guidance from ABCD and PCDO Society](#) and no local modification is required.
- Before switching, staff are advised to check the [Specialist Pharmacy Service \(SPS\) Medicines Supply Tool](#)^[10] for the most up-to-date supply information for alternative insulins that can support demand^{[1][3]}.

Alternative insulin availability

To ensure reliable access to medicines in NEL, prescribe only brands with confirmed capacity to meet increased demand (e.g. Semglee®, Lantus®, Toujeo®, Tresiba® Penfill® cartridges/FlexTouch® U-200) outlined in the national [Medicines Supply Notification](#) ^[1] Further updates on stock availability will be provided in the Primary Care Bulletin and Prescribing and Medicines Newsletter. Staff should check the [SPS Medicines Supply Tool](#) ^[10] regularly for current and live supply updates, where possible diversify prescribing ^{[3][4]} and consider the most cost-effective alternative (Semglee®) that is able to support switching, where clinically appropriate. Further updates on resources to support the identification of patients prescribed Levemir® and moving to alternative insulins in primary care will be provided.

Safety and implementation considerations

- The discontinuation will affect a significant number of adults and children across NEL, making proactive planning essential to prevent supply interruptions and ensure safe, clinically appropriate insulin switches. A phased, clinically supervised transition away from Levemir®, supported by early patient engagement, specialist oversight, and robust follow-up is advised.
- If patients are not switched in a timely manner to an appropriate alternative treatment option, they may miss required doses, which may lead to serious clinical consequences, specifically hyperglycaemia that may eventually progress to diabetic ketoacidosis ^{[3][4][5][6][7][8]}.
- Healthcare professionals must also consider specific vulnerable patient populations, such as those with dexterity, visual impairment or who require support with insulin administration when switching to alternative products.
- All insulin switches must be documented, with confirmation of device competence, appropriate counselling, and early follow-up to assess glycaemic control and dose adjustment. Transitioning between different types of insulin/insulin delivery systems or to another brand or manufacturer of insulin should be done in consultation with the reviewing healthcare professional and requires strict medical supervision ^{[8][9]}.
- Diversify alternative insulin prescribing ^{[3][4]} as stock levels of brands that can support demand are expected to fluctuate during 2026; prescribers should plan transitions and monitoring accordingly ^{[1][10]}.
- Avoid initiating widespread changes without checking the current supply overview of alternative insulins to reduce the risk of precipitating a supply disruption of these products ^{[9][10]}. Live supply positions should always be checked using the [SPS Medicines Supply Tool](#) ^[10], as availability of alternative insulins may change. Also liaise with the patient's local nominated pharmacy as appropriate.
- Community pharmacies play a key role in ensuring safe dispensing and supporting transitions to alternative long-acting insulins so require clear communication of changes to insulin regimes.

Actions for healthcare professionals

Primary care clinicians (e.g. general practitioners, practice diabetes nurses, pharmacists and non-medical prescribers):

1. **Do NOT initiate new patients on Levemir®.**
 - **Ensure that patients using Levemir® Penfill® and Levemir® FlexPen® are made aware of this discontinuation. Patients should be fully informed about the reason for**

- the change in insulins/insulin delivery systems** and the potential need for change in dose and additional glucose monitoring ^{[3][4][5][6][7][8]}.
- **Provide clear instructions** regarding the new insulin regimen and/or usage of the new insulin delivery system to the patient upon transition ^[8].
2. **Ensure that all relevant staff**, particularly those involved in handling repeat prescription requests, **are made aware of the discontinuation** and the contents of the [direct healthcare professional communication letter](#) ^[2].
 3. **Review existing Levemir® patients as part of their routine annual diabetes review**, with a view to safely switch to alternative insulins/insulin delivery systems in line with national guidance and at the healthcare professional's discretion based on local routine clinical practice.
 4. **Close glucose monitoring** is recommended during the transfer to another type or brand of insulin and in the initial weeks thereafter ^{[3][7][8]}. Please ensure that you **specify the increased testing intervals** and **prescribe sufficient testing strips**.
 5. **Diversify prescribing** across suitable alternatives that can support demand to minimise the risk of supply disruption and safeguard alternative insulins to support switch.
 6. **Prescribe new alternative insulin by brand** and **inform patient** of new brand and formulation.
 7. **Check the [SPS Medicines Supply Tool](#)** ^[10] before initiating or switching - use live data rather than static summaries to ensure decisions reflect current stock positions.
 8. **Where appropriate liaise with patient's nominated community pharmacy.**
 9. **Avoid initiating large-scale switches without first confirming** national and local **stock availability**.
 10. **Engage specialist diabetes teams for case-by-case advice where appropriate** but do not refer to specialist solely for the purpose of switching.

Community pharmacy teams should:

1. **If a prescription is received for Levemir®, please advise the patient that their GP or diabetes specialist will contact them to discuss an alternative insulin**, as Levemir® will be discontinued by the **end of December 2026**. Reassure the patient that they will continue to receive insulin.
2. **Inform prescribers promptly where stock** of a selected alternative insulin **is unavailable**.
3. **Ensure that all relevant staff**, particularly those involved in dispensing and handing out prescriptions **are made aware of the discontinuation** and the contents of the [direct healthcare professional communication letter](#) ^[2].
4. **Ensure the prescription is screened** and the following are checked:
 - The **prescribed insulin product and device are correct** and clinically appropriate.
 - The **correct pen needles, cartridges, or pens** are included.
 - Any **unusual dose changes or unclear directions** identified are discussed and clarified with the prescriber.
5. Ensure the patient has been informed of the **name of their new insulin** (insulin should be prescribed by brand to reduce the risk of error). **Confirm that counselling has been provided by the prescriber** and that the patient understands:
 - **New insulin dose**
 - **Timing** of administration
 - **Expected changes to glucose monitoring**
 - **Device technique**, and where needed, signpost to materials and appropriate healthcare professional.

6. Notify the GP practice or specialist team if:

- There is a mismatch between the prescribed insulin and the patient's device skills.
- Stock shortages require an alternative product to be considered.

7. Provide resources and signpost accordingly:

- Signpost patients/carers to the GP if they have concerns or appear confused about their insulin change.
- Direct patients/carers to national resources ([Diabetes UK](#), [NHS insulin guidance](#)) - see patient information and counselling points below.
- Encourage patients to monitor glucose more frequently after switching and to contact their diabetes team or GP if levels are unstable.

Counselling points

Information for patients and carers:**1. Understanding the New Insulin or Device**

- Patients and carers should be informed about the correct dose to be administered when transitioning to a new insulin or device.
- Training should be provided on how to use the new device safely, including any required ancillaries such as needles or pen tips.
- Signposting to training videos and written instructions can support continued learning at home.

2. Considering Ease of Use

- When selecting an alternative insulin or device, factors such as manual dexterity, vision, and the need for additional support with administration should be taken into account.
- Any difficulties with handling or using the device should be discussed so appropriate solutions can be found.

3. Monitoring Blood Glucose Levels

- Closer blood glucose monitoring is recommended during the initial period after switching insulin.
- Insulin doses may require adjustment based on these readings.
- Patients and carers should be encouraged to report any concerns about high or low blood glucose levels.

4. Helpful Information

Patients and carers can be directed to the following reputable resources for further support:

- **Diabetes UK – Novo Nordisk to withdraw Levemir Insulin – Here's What You Need to Know**
<https://www.diabetes.org.uk/about-us/news-and-views/novo-nordisk-to-withdraw-levemir-what-you-need-to-know>
- **Diabetes UK – Insulin types and switching guidance: Practical advice and patient-friendly explanations on changing insulin safely.**
<https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/treating-your-diabetes/insulin>
- **NHS – About long-acting insulin: Overview of how long-acting insulins work, including information about Levemir® discontinuation.**
<https://www.nhs.uk/medicines/insulin/long-acting-insulin/about-long-acting-insulin/>

Please continue to record suspected adverse drug reactions to the [Yellow Card scheme](#).

Please continue to record medicine patient safety incidents to [Learning from Patient Safety Events](#).

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References:

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4. BNF. Insulin preparations. Available from: <https://bnf.nice.org.uk/treatment-summaries/insulin>
5. NICE NG17 – Type 1 diabetes in adults: diagnosis and management. Available from: <https://www.nice.org.uk/guidance/ng17>
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9. NICE NG18 – Diabetes (type 1 and type 2) in children and young people: diagnosis and management. Available from: <https://www.nice.org.uk/guidance/ng18>
10. SPS Medicines Supply Tool – insulin detemir alternatives. Available from: <https://www.sps.nhs.uk/home/tools/medicines-supply-tool>