

- To:
- Integrated care boards:
 - chief executives
 - chief medical directors
 - chief nurses
 - chief pharmacists
 - directors of primary care

NHS England
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- cc.
- Regional:
 - medical directors
 - chief pharmacists
 - primary care directors
 - diabetes leads
 - NHS trusts:
 - chief medical directors
 - chief pharmacists

Dear colleagues,

Discontinuation of Levemir® (insulin detemir) – action needed to accelerate patient switching

We are writing to request additional urgent action to ensure timely and safe transition for all patients affected by the discontinuation of Levemir.

Insulin supply considerations

Medicines Supply Notifications (MSN) for Levemir were issued in June 2025, August 2025 and April 2026 ([MSN/2025/036U2](#)). These followed Novo Nordisk's decision to discontinue Levemir products, and outlined the actions healthcare professionals needed to take ahead of the discontinuation.

As outlined in the MSN, there are also constraints on some alternative insulins. **Supplies of Humulin I and Abasaglar cannot support a significant increase in demand**, therefore these should not be routinely used unless there is a clear clinical need. Further increased demand of these alternative insulins would risk creating additional shortages, affecting patients already established on these treatments.

[Joint clinical guidance](#) on the safe selection and establishment of alternative options in place of Levemir is available from the Primary Care Diabetes & Obesity Society and the Association of British Clinical Diabetologists. The [NHS SPS Medicines Supply Tool](#) outlines the key details and actions regarding the discontinuation.

Priority actions

Establish a clear plan

Use your existing governance structures to ensure that you have a robust, detailed plan to safely move patients to another insulin. This plan should include:

- how many patients remain on Levemir, using local data and broken down by provider
- the approach to engagement with all relevant providers, particularly ensuring general practice and specialist hospital clinics are working together, incorporating local multidisciplinary team input and regular formal oversight
- how you will monitor and manage local availability of alternative insulins, ensuring minimal increases in prescribing of Humulin I and Abasaglar
- how supply will be assured beyond October 2026
- what additional capacity will be put in place, if necessary, to undertake all switches by 30 November 2026

Actively identify and switch patients

Work with general practices to identify all patients still on Levemir and take appropriate action to switch them to an alternative, whether this involves referring the patient to hospital clinics or switching in practices.

Share and maintain oversight

Share your plan with your regional chief pharmacist and medical director and provide updates at appropriate intervals.

Delivery timelines

By **31 July 2026** systems should have robust plans in place and be actively identifying and switching patients.

By **30 September 2026** systems should complete the majority of switching, allowing time for:

- follow-up and safe management of any outstanding patients
- earlier than anticipated shortages (whether local or national)

By **30 November 2026** all patients should be switched from Levemir.

Progress to date and the remaining challenge

There is currently a positive trajectory nationally, although the rate of switching so far has not been sufficient to switch all patients by the discontinuation date.

According to the latest available data from the NHS Business Services Authority (BSA), 41,000 patients across England were prescribed Levemir in quarter 4 of 2025/26, compared with 57,800 in quarter 1 of 2025/26 (before the discontinuation was announced). This represents an average reduction of 5,600 patients per quarter. Although switching accelerated between quarter 3 and quarter 4 (7,600 reductions), we still need a more rapid change. An average reduction of 13,700 people per quarter is now required between March and December 2026.

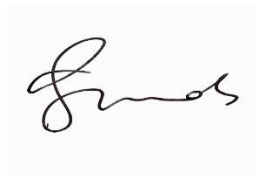
Ongoing delivery

We recognise the operational pressures systems are currently facing, and we are grateful for the work already underway.

Given the scale and clinical importance of this change, we would ask that this programme is appropriately prioritised, with risks escalated through regional governance routes as they arise. We will continue to monitor the situation and consider further escalation if required.

Thank you again for your continued leadership and support in ensuring a safe and well-managed transition for patients.

Yours sincerely,



Frankie Swords

National Medical Director



David Webb

Chief Pharmaceutical
Officer for England



Duncan Burton

Chief Nursing
Officer for England