Leicester, Leicestershire and Rutland
Integrated Care Board

Levemir® (insulin detemir) FlexPen and Penfill Discontinuation: LLR SBAR for Primary Care

Situation	Levemir® (insulin detemir) FlexPen 100units/ml solution for injection 3ml pre-filled pens and Levemir® (insulin detemir) Penfill 100units/ml solution for injection 3ml cartridges are being discontinued. Stock is anticipated to last until 31st December 2026.
Background	Levemir® is a long-acting insulin analogue with a prolonged duration of effect, used as a basal insulin. It can be used alone as a basal insulin or in combination with a bolus insulin. It can also be used in combination with oral antidiabetic medicinal products and/or GLP-1 receptor agonists. Levemir® is indicated for treatment of diabetes mellitus in adults, adolescents and children aged 1 year and above. Manufacturer Novo Nordisk has taken the decision to discontinue Levemir® due to a global decrease in use. For more information see Discontinuation of Insulin detemir (Levemir FlexPen) 100units/ml solution for injection 3ml pre-filled pens and insulin detemir (Levemir Penfill) 100units/ml solution for injection 3ml cartridges – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice. A Medicines Supply Notification, MSN/2025/036, was issued on 16th June 2025. The updated MSN/2025/036U issued on 14th August 2025 provides details of clinical guidance. See attachments for original MSNs.
Assessment	No other basal insulin analogue is licensed for twice-daily use like Levemir®, so alternatives will need consideration, close monitoring and adjustment on an individual patient basis. **Do not initiate a widespread switch** – alternative insulins will need to be chosen after clinical review as described above. Clinicians should aim to diversify prescribing across available options and reviews should be spread out over the course of 2026 to reduce supply risk. See table below for alternative insulins that can and cannot support an increase in demand. Before prescribing an alternative insulin, the SPS Medicines Supply Tool must be checked for alternative insulin supply issues (login required however free access).

Insulin type		Supply overview	
Insulin type	**Brand name and devices**	**Stock status**	**Ability to support increased demand**
Insulin glargine U100 (Long acting)	Abasaglar® KwikPen®	In stock	Cannot support
	Abasaglar® cartridges	In stock	Cannot support
	Lantus® SoloStar®	In stock	Can support
	Lantus® cartridges	In stock	Can support
	Semglee® pre-filled pens (biosimilar)	In stock	Can support
Insulin glargine U300 (Ultralong acting)	Toujeo® SoloStar®	In stock	Can support
	Toujeo® DoubleStar®	In stock	Can support
Insulin degludec (Ultralong acting)	Tresiba® U100 FlexTouch®	Out of stock until early January 2026	Cannot support
	Tresiba® U100 cartridges	In stock	Can support
	Tresiba® U200 FlexTouch®	In stock	Can support
Human isophane insulin (intermediate acting)	Humulin I® KwikPen®	In stock	Cannot support
	Humulin I® cartridges	In stock	Cannot support

Recommendations for General Practice

1. Do not initiate new patients on any Levemir® product.

2. Identify patients currently prescribed Levemir® Penfill and FlexPen with type 1 or type 2 diabetes mellitus using clinical system searches (see section below for search locations).

3. Review list of patients prescribed Levemir® and refer the following patient cohorts for specialist diabetes team to review:
   - Paediatric and adolescent diabetic patients
   - Patients using insulin pumps
   - Patients who are pregnant
   - Patients with eGFR <30ml/min

   For diabetic patients managed by secondary care – the secondary care team will contact, review and change Levemir® to an alternative insulin for these patients.

4. For all other patients prescribed Levemir® who can be reviewed in primary care:
   a) If the patient's diabetes annual review is scheduled before December 2026: Add a note in the clinical system that Levemir® will need reviewing and switching to an alternative insulin at the next diabetes annual review.
   b) If the patient's diabetes annual review is not scheduled before December 2026: Arrange for the patient to attend for an additional review before December 2026 and add a note in the clinical system that Levemir® will need reviewing and switching to an alternative insulin at the review.

   NOTE: It is imperative that patients are not all reviewed and switched to an alternative insulin at the same time. This would put pressure on the supply chain and may contribute to supply

	issues with alternative insulins. Practices should review their patient list gradually over the course of 2026. 5. Before deciding which alternative insulin to switch patients to, refer to the Medicines Supply Notification (attached) and subsequent updates via SPS Medicines Supply Tool to ensure there are no supply issues with alternative insulins. For example, the SPS Medicines Supply Tool update in November 2025 - following a shortage, Tresiba FlexTouch® 100units/ml pre-filled pens will subsequently be discontinued. 6. At the scheduled review, a competent healthcare professional should undertake a clinical review and switch Levemir® to an alternative insulin. • Use Discontinuation of Levemir® (Insulin detemir) Flexpen® and Penfill® Clinical Guideline from Primary Care Diabetes & Obesity Society (PCDOS) and Association of British Clinical Diabetologists (ABCD). This guideline supports clinicians in selecting and safely initiating alternative basal insulins to Levemir®. • Use this guideline alongside relevant NICE guidelines (NG17, NG18, NG28). 7. When switching between insulins, there can be differences between absorption, potency and action profile. Consider reducing doses by 10-20% to avoid the initial risk of hypoglycaemia. 8. Advise the patient to monitor the change closely with capillary blood glucose (CBG) at least four times daily, continuous glucose monitoring (CGM) and if necessary, ketones too. 9. Ensure any change in device type is explained to the patient and provide written product information. 10. Ensure adequate safety netting. Advise patients on sick day rules and to report any concerns about glucose levels after following dose adjustment guidance. 11. Review 2-3 weeks post-change to support with dose titration. For those at higher risk of dysglycaemia (see PCDOS/ABCD guideline) review 1-2 weeks post-change where possible. 12. If there is uncertainty or management cannot be safely supported in primary care, refer to community diabetes team (core practices) or contact your diabetes mentor (enhanced practices).
Resources for healthcare professionals	Discontinuation of Levemir (insulin detemir): Joint guidance from ABCD and PCDO Society - PCDO Society Insulin detemir | Drugs | BNF | NICE

	Insulin | Treatment summaries | BNF | NICE Recommendations | Type 1 diabetes in adults: diagnosis and management | Guidance | NICE Overview | Diabetes (type 1 and type 2) in children and young people: diagnosis and management | Guidance | NICE Overview | Type 2 diabetes in adults: management | Guidance | NICE Scenario: Insulin therapy - type 1 diabetes | Management | Insulin therapy in type 1 diabetes | CKS | NICE Scenario: Insulin therapy - type 2 diabetes | Management | Insulin therapy in type 2 diabetes | CKS | NICE SmPC Levemir®
Resources for patients	Novo Nordisk to withdraw Levemir insulin – here's what you need to know | Diabetes UK
Clinical system searches	**SystmOne:** LLR Primary Care>LLR Target Patients 2526>Medicines Optimisation 04----------Levemir Discontinuation---------- 04a Levemir Insulin on repeat - Needs review to switch to alternative before end of 2026 **EMIS Web:** Import from Teams Channel

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