

Discontinuation of Levemir® (Insulin detemir) Flexpen® and Penfill® Local Guidance

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 be exhausted by **December 2026**

- **Do not initiate any new patients** on any Levemir® products
- Review existing Levemir® patients and switch safely to an appropriate alternative as soon as possible, but no later than the **end of September 2026** (switch sooner where possible as supply cannot be guaranteed).
 - Type 1 – review and switch managed by secondary care
 - Type 2 – review and switch managed by general practice

Background

Novo Nordisk is discontinuing Levemir® (insulin detemir) Penfill® and FlexPen®; UK supply is expected to end by **December 2026** (MSN/2025/036U). Approximately two-thirds of Levemir® prescriptions in Norfolk and Waveney are for type 1 diabetes¹.

Scope and Responsibilities

This guidance supports local implementation of the Levemir® switch programme for people with type 1 diabetes (T1D), type 2 diabetes (T2D), type 3c diabetes (T3cD (pancreatogenic diabetes)), and gestational diabetes¹.

- **T1D or T3cD** – switch guided by the secondary care diabetes team.
- **T2D** – primary care to switch where healthcare professional is competent in insulin management.
 - Review patient at routine appointment and switch (with dose adjustment) to an appropriate alternative; seek specialist advice if needed⁴. If patient is not due a review, this may need to be brought forward before Levemir® supplies are exhausted
 - If patient complex, obtain specialist support or refer to specialist care to review and switch (with dose adjustment)⁴
- **Diabetes in pregnancy (any type)** – managed by the specialist team; review post-pregnancy and switch to an alternative long-acting insulin if needed⁴.

Key Messages

- Review all existing Levemir® patients (GPs to switch those with T2D, specialists to switch all others patients) and switch safely to an alternative insulin **as soon as possible and no later than by the end of September 2026**. Reviews should be completed sooner where possible as supplies cannot be guaranteed.
- No other basal insulin analogue is licensed for twice-daily use like Levemir®; alternatives will require close monitoring and adjustment on an **individual patient basis**
- **Semglee® (insulin glargine 100 units) is the first-choice switch option**
- Switching should be done only by clinicians competent in insulin management; this guidance supports but does not replace individual clinical judgement.

- Refer to [Joint clinical guidance](#)¹ developed by the Primary Care Diabetes & Obesity Society (PCDO) and the Association of British Clinical Diabetologists¹ (BCD) for additional supporting information
- Use the [Specialist Pharmacy Service Medicines Supply Tool](#) for latest availability for alternative insulins (please note supplies of alternative insulin have fluctuated)

Patients on Levemir⁵

ICB NAME	AGE BAND	PATIENTS PRESCRIBED ONLY LEVEMIR
NHS Norfolk and Waveney ICB	Age 1-12	11
NHS Norfolk and Waveney ICB	Age 13-18	15
NHS Norfolk and Waveney ICB	Age 19-64	842
NHS Norfolk and Waveney ICB	Age 65+	320

This data concerns prescriptions from October 2025 to December 2025

Implementation actions

- Refer to [Clinical guidance](#) produced by PCDO and BCD for switch guidance
- Identify patients with T1D or T2D, and those patients currently prescribed Levemir® without a diabetes diagnosis using pre-built searches
 - SystemOne searches available [here](#)
 - EMIS practices to contact the Medicines Optimisation team via nwicb.medsqueries@nhs.net
 - **All patients identified in 'diabetes not recorded group' must be reviewed and correctly read-coded with outstanding monitoring completed at their next review**
- Review those with T2D (Secondary care will organise the reviews of T1D)
- **Do not initiate a widespread or batch switch** – select a suitable alternative following individual clinical review; diversify prescribing across available options and plan reviews over the remainder of 2026 to reduce risk of supply shortages
- Current stock availability of alternative insulins can be found on [Medicines Supply Tool](#)

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 since 31 July 2023 and subsequently discontinued	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

Correct as at 07/05/26

Costs (insulin glargine)

	Pack Size	NHS price ² (March 2026)
Semglee® 100units/ml solution for injection	5 x 3ml Pens	£29.99
Lantus Solostar® (insulin glargine) 100units/ml solution for injection	5 x 3ml Pens	£34.75
Abasaglar KwikPen® 100units/ml solution for injection	5 x 3ml Pens	£35.28

NovoPen Echo Plus (0.5-30 units) [dose increments in half unit]

Suggested alternative insulins

- **Formulary first choice is Semglee®** (Glargine biosimilar) **ONCE** daily, unless considered unsuitable then consider the following alternatives:
 - If current daily dose >50 units: Toujeo® or Tresiba® ONCE daily
 - Flexibility in dosing frequency needed (e.g. exercise): Humulin I® TWICE daily
 - Very low total daily dose (<15 units): Humulin I® ONCE daily
 - Other suitable alternatives (if above contraindicated): Lantus® or Abasaglar® ONCE or TWICE daily (please note, BD is unlicensed)
- **Insulin must always be prescribed by brand**
- Please review current stock availability of alternative insulins on [Medicines Supply Tool](#) before switching. Some shortages have been reported and some manufacturers are likely to face difficulties meeting an uplift in demands, for example Absaglar.

Switches made in secondary care

- Following a switch made by secondary care, primary care will be notified and should;
 - remove Levemir® from repeats
 - add the new insulin to repeat (brand/strength/device/quantity)
- There may be a need to refer some type 1 diabetics for switching who may not have been identified by secondary care. These requests should be made via Advice and Guidance

Supporting information for switching in primary care

- All patients must have a clinical review undertaken by a competent healthcare profession. When reviewing the following must be confirmed:
 - Current Levemir® dose (is it OD or BD?)
 - The total daily insulin dose
 - Patient's preference for regime (OD vs BD)
- No basal analogue is licensed for twice-daily use like Levemir®, so alternatives require individualised selection, close monitoring and dose adjustment.
- Change one insulin at a time
- Use the [Joint clinical guidance from the Primary Care Diabetes & Obesity Society and the Association of British Clinical Diabetologists including algorithm \(page 5\) of alternative insulin options and worked examples page 14 to 19](#)
- Consider whether the regimen can be optimised (e.g., rapid-acting/mixed insulin or non-insulin therapies).
- Different insulins will differ in absorption, potency and action profile. Consider a 10–20% dose reduction of total daily Levemir® dose to reduce initial hypoglycaemia risk.

Suggested starting dose when switching from Levemir®

- Different insulins will differ in absorption, potency and action profile
- Calculate the current total daily dose of Levemir and consider reducing dose of new insulin by 10-20% when switching to reduce risks of initial hypoglycaemia
 - If HbA1c <54 mmol/mol or frequent hypoglycaemia: Reduce by 20%
 - If HbA1c ≥ 53mmol/mol: Reduce by 10%

Monitoring, patient education and safety netting

- Monitoring should be via capillary blood glucose (CBG) at least four times daily (pre-meals and bedtime) and ketones where appropriate; do not rely on HbA1c alone.
- Risk of glucose instability is elevated during insulin changes. Patients at higher risk require close monitoring (e.g., impaired hypo awareness, severe or recurrent hypoglycaemia, recurrent DKA, evidence of lipohypertrophy, frailty and/ or older age, renal and/or hepatic impairment, cognitive or functional impairment, learning disabilities and/or low health literacy, visual impairment, reduced manual dexterity, high alcohol intake, high levels of physical activity)
- If glucose is very erratic or disproportionately high insulin doses, assess injection technique and check for lipohypertrophy;
 - if changing to new sites, local advice is to consider a 20% insulin reduction to prevent hypoglycaemia (seek specialist advice if unsure).
- Explain any change in device change and provide written product information (e.g., insulin cards/passports/booklets)
- Provide support for self-adjustment of doses where appropriate
- Check understanding of sick day rules; safety-net by advising who to contact and to report concerns (including glucose issues)
- Where necessary, review at 2–3 weeks (consider 1–2 weeks for higher-risk patients).
- Refer or seek advice via specialist if uncertain (including for allergies to alternative insulins).

Resources for patients

Link to patient information leaflet from Novo Nordisk about Levemir® discontinuation

<https://www.diabetes.org.uk/about-us/news-and-views/novo-nordisk-to-withdraw-levemir-what-you-need-to-know>

References

1. PCDO Society & ABCD Clinical Guideline accessed 12/03/26
https://cms.pcdosociety.org/uploads/Levemir_Discontinuation_Guideline_Final_110825_17d277acd3.pdf
2. NHSBSA Drug Tariff <https://www.nhsbsa.nhs.uk/sites/default/files/2026-02/Drug%20Tariff%20March%202026.pdf>
dm+d browser <https://dmd-browser.nhsbsa.nhs.uk/>
3. Novo Nordisk communication Oct 25
https://assets.publishing.service.gov.uk/media/6928303f345e31ab14ecf625/DISCONTINUATION_OF_-_Levemir_Penfill_and_Levemir_FlexPen.pdf
4. HWE System Planning Document <https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=5056&checksum=2654d1a3f16bf62d0dc4f91fa3ec9377>
5. NHS England Digital Diabetes data via email 19/03/26