N&S ICS Levemir Task & Finish Group

NHS
Norfolk and Suffolk
Integrated Care Board

Prescribing Guidance Update

Discontinuation of Levemir® (Insulin detemir) FlexPen® and Penfill® September 2026

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[1]

Urgent Action

Do not initiate any new patients on Levemir® (insulin detemir) products.

Review existing Levemir® patients as a matter of urgency. All patients will require switching safely to an alternative insulin before supplies of Levemir® stock are exhausted.

Ongoing prescribing of Levemir® without proactive switch plans presents a **significant risk to patient safety.**

Background

Novo Nordisk is discontinuing Levemir® (insulin detemir) Penfill® and FlexPen®; UK supply is expected to end by **December 2026** (MSN/2025/036U)[1]. Local switching is progressing more slowly than anticipated, increasing the risk that patients may be left without insulin supplies, with potential to cause significant patient harm.

Actions Required

This guidance supports local implementation of switching patients currently prescribed Levemir® to a suitable alternative.

- **Specialist-managed patients:** switches to be managed by the specialist diabetes team.
- **Primary-care managed patients** – primary care should identify, review and switch patients before Levemir® supplies are exhausted. Switching must be completed by a healthcare professional competent in insulin management. For complex patients, advice may be sought via Advice and Guidance via the contact details listed below.
- **Diabetes in pregnancy** – switching to be managed by the specialist team, with post-pregnancy review and switch to an alternative long-acting insulin if needed.

The team overseeing the patient's insulin therapy is responsible for the Levemir switch. Specialist services, in secondary care or the community, should implement the switch for patients under their care.

Key Messages

- Review all existing Levemir® patients and safely transition them to an alternative insulin **as soon as possible.**
- By **30th September 2026** most switches should have been completed, allowing time for follow up and safe management of any outstanding patients, and earlier than anticipated local or national shortages.
- By 30th November 2026 all patients should have been switched from Levemir®.
- 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 healthcare professionals competent in insulin management.
- Refer to the joint clinical guidance developed by the Primary Care Diabetes & Obesity Society (PCDO) and the Association of British Clinical Diabetologists (ABCD)[2] for additional supporting information.
- Use the Specialist Pharmacy Service Medicines Supply Tool[3] for latest availability of alternatives.

Supporting information for switching in specialist care

- Specialist care teams must notify primary care of switches made to a patient's regimen, including brand name of new insulin, strength, device and quantity to be prescribed.
- Consider whether the regimen can be optimised, including use of rapid-acting/mixed insulin or non-insulin therapies.

Implementation actions for primary care

- Identify patients currently prescribed Levemir®, including those without a diabetes read code, using searches:
    - EMIS practices to contact the Medicines Optimisation team via nsicb.medsqueries@nhs.net.
    - SystmOne searches available:
        - **East Suffolk:** Norfolk and Suffolk ICB (East Suffolk GPs) > Medicines Management > Drug discontinuation
        - **West Suffolk:** Norfolk and Suffolk ICB (West Suffolk GPs) > Medicines Management > Diabetes
        - **Norfolk and Waveney:** Norfolk and Waveney > Medicines optimisation > Discontinued medication searches
- **Ensure all patients prescribed Levemir® but not coded as having diabetes are reviewed, correctly coded, and have outstanding monitoring completed at their next review.**
- Identify patients managed by primary care and arrange an individual clinical review.
- Consider Advice and Guidance for complex Levemir® switches where patients are not under a specialist diabetes team.
- **Do not initiate a widespread or batch switch.** Select a suitable alternative following individual clinical review, diversify prescribing across available options, and stagger reviews over the coming weeks to reduce the risk of supply shortages.
- Following a switch in primary or specialist care, remove Levemir® from the repeat and add the new insulin to the repeat (brand/strength/device/quantity).

Specialist diabetes team contacts

- Specialist diabetes teams care teams are contacting patients under their care to arrange review and switching.
- Practices are encouraged to support this process by asking any patient who has yet to be reviewed to contact their specialist team urgently via the contact details below.
- Advice and Guidance for switching complex patients can also be sought via these contacts. Ensure the request is linked to Levemir to allow urgent triage.

Provider	Contact for Practices	Contact for Patients
ECCH		01493 809977
EEC (West Norfolk only)	eec.communitydiabetesteam@nhs.net	01553 668778
ESNEFT	IHTDiabetesandendocrine@esneft.nhs.net	01473 704108
JPUH	DSN@jpaget.nhs.uk	01493 453897 DSN@jpaget.nhs.uk
NNUH (including Elsie Bertram Diabetes Centre and DFAC)	ebdcadminmanagers@nnuh.nhs.uk	01603 641457 ebdcadminmanagers@nnuh.nhs.uk
QEH	diabetes.sec@qehkl.nhs.uk	01553 613494
WSFT	diabetesnurseadmin@wsh.nhs.uk	01284 713311
Antenatal	Patients with gestational diabetes must contact their midwifery team	

Supporting information for switching in primary care

- All primary care-managed patients must have a clinical review by a healthcare professional competent in insulin management.
- Review the current Levemir® regimen, including once- or twice-daily dosing, total daily dose, and patient preference for once- or twice-daily treatment
- 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
- Consider whether the regimen can be optimised, including use of rapid-acting/mixed insulin or non-insulin therapies.
- Refer to the **joint PCDO/ABCD clinical guidance**[2], including the switching algorithms (page 6) and worked examples (pages 15 to 20).

Suggested alternative insulins

- **Insulin must always be prescribed by brand.**
- **Formulary first choice is Semglee® (insulin glargine biosimilar U100)**
- If unsuitable, consider the following alternatives:
  - Insulin glargine U300 (Toujeo®)
  - Insulin degludec U100/U200 (Tresiba®)
  - Human isophane insulin (Humulin I®) **only if no suitable alternative**
- Refer to the **joint PCDO/ABCD clinical guidance**[2], including the switching algorithms (page 6) and worked examples (pages 15 to 20).
- Review current stock availability of alternative insulins on the **Medicines Supply Tool**[3] before switching. Some shortages have been reported, and some manufacturers may have difficulty meeting increased demand.

Patient education and safety netting

- Explain the new insulin device and ensure the patient can use it safely. Check needle compatibility.
- Provide written product information and an updated insulin passport, ensuring the patient understands the new brand, strength, device, dose and frequency.
- Reinforce dose self-adjustment where appropriate, check understanding of sick day rules, who to contact, and when to seek help, including for glucose control issues or concerns after switching.
- Where needed, arrange follow-up in 2–3 weeks, or 1–2 weeks for higher-risk patients. Seek specialist advice if needed.
- For care home residents, clearly communicate the change to care staff and ensure the MAR chart reflects the updated insulin regimen.

Resources for patients

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
  - Insulin and diabetes – practical advice and patient-friendly explanations on insulin types and changing insulin safely
- NHS
  - About long-acting insulin – overview of how long-acting insulins work, including information about Levemir® discontinuation.

Switching considerations and starting doses

- Different insulins will differ in absorption, potency and action profile and this must be taken into consideration when switching from one insulin to another.
- Calculate the current total daily dose of Levemir® and consider reducing the dose of the new insulin by 10–20% when switching to reduce the risk of initial hypoglycaemia.

Monitoring

- Monitor capillary blood glucose (CBG) at least four times daily — before meals and at bedtime — plus ketones where appropriate; **do not rely on HbA1c alone**.
- Patients at higher risk require closer monitoring, including those with hypoglycaemia risk, recurrent DKA, lipohypertrophy, frailty, renal/hepatic impairment, cognitive/functional impairment, learning disability, low health literacy, visual impairment, reduced dexterity, high alcohol intake or high physical activity.
- If glucose control is erratic or insulin requirements are unexpectedly high, assess injection technique and check for lipohypertrophy.
- If lipohypertrophy is detected, dose adjustment is often required when changing injection sites, seek advice and guidance as necessary if unsure.

References

1. Novo Nordisk. Discontinuation of Levemir® PenFill® and Levemir® FlexPen® communication. October 2025.
2. PCDO Society and ABCD. Discontinuation of Levemir® (insulin detemir): joint guidance. Accessed 16/09/26
3. Specialist Pharmacy Service. Medicines Supply Tool. Accessed 16/09/26

Title	Prescribing Guidance - Discontinuation of Levemir® (Insulin detemir) FlexPen® and Penfill®
Description of policy	*To inform healthcare professionals on the switching of patients prescribed Levemir®*
Scope	*Norfolk and Suffolk Integrated Care System*
Prepared by	Norfolk and Suffolk ICB Medicines Optimisation Team
Impact Assessment (Equalities and Environmental)	*Please indicate impact assessment outcome:* *Positive impact* *Adverse impact - low - action plan completed as per guidance* *Adverse impact - medium - action plan completed as per guidance* *Adverse impact - high - action plan completed as per guidance* *No impact* ***No policy will be approved without a completed equality impact assessment***
Other relevant approved documents	
Evidence base / Legislation	Level of Evidence: *A. based on national research-based evidence and is considered best evidence* ***B. mix of national and local consensus*** *C. based on local good practice and consensus in the absence of national research based information.*
Dissemination	Is there any reason why any part of this document should not be available on the public web site? ☐ Yes / No ☒
Approved by	*TAG/IMOC – for info – Sept 2026*
Authorised by	
Review date and by whom	January 2027
Date of issue	September 2026

Version Number	Author	Purpose / Change	Date
1.0	Senior Medicines Optimisation Pharmacist	New document	May 2026
2.0	Principal Pharmacy Technician	Updated recommendations regarding specialist responsibilities for switching patients Updated logo and generic inbox email address	August 2026
3.0	Senior Pharmacist – Quality, Medicines Governance and Safety	Remove reference to T1D and T2D and clarify change to specialist / non-specialist. Removal of data relating to number of patients prescribed Levemir. Stock levels checked and alternatives updated. SystmOne search locations added. Minor amendments to formatting and typos.	August 2026
3.3	Senior Pharmacist – Quality, Medicines Governance and Safety	Contact details for specialists added. References checked.	September 2026