SEL Levemir® (insulin detemir) discontinuation implementation plan – January 2026

Key points

- **All Levemir® preparations are being discontinued; stock is anticipated to be exhausted by the end of 2026. Supply issues may become evident before this.**
- **No new patients are to be initiated on Levemir®**
  - All patients currently prescribed Levemir® will need to be changed to an alternative basal insulin
- **An appropriately trained diabetes specialist (e.g. Consultant Diabetologist, GPwER or appropriately trained diabetes specialist practitioner in primary or secondary care) will need to undertake a clinical review and advise on an alternative basal insulin**
- **Diabetes Specialist teams should use every opportunity to change people currently using Levemir® to an alternative basal insulin and ensure appropriate follow up is in place**
- **GP practices, specialist diabetes teams and other services with people under their care e.g. prisons and mental health trusts, are asked to:**
  - identify all patients prescribed Levemir® and follow guidance below to ensure all patients are safely transitioned to an alternative basal insulin by the end of September 2026
  - ensure methods are in place locally for monitoring progress with changeover to an alternative basal insulin
- report any incidents or near misses linked to the unavailability of Levemir or any incidents or near misses linked to the Levemir change through local reporting mechanisms

Background

Novo Nordisk are discontinuing all Levemir® (insulin detemir) preparations (Penfill® and Flexpen® preparations). Stock is anticipated to be exhausted by the end of 2026 however supply issues may become evident before this. All patients who are prescribed Levemir will therefore need to be safely transitioned over to an alternative basal insulin. The Department of Health and Social Care and NHS England issued a Medicine Supply Notification (MSN/2025/036U) alongside clinical guidance from the Association of British Clinical Diabetologists (ABCD) and the Primary Care Diabetes and Obesity Society (PCDOS) in August 2025 to support colleagues to safely manage the transition.

Primary care data suggests that in South East London (SEL), we have over 3,000 patients prescribed Levemir including adults and children and young people, with the majority (~two thirds) for people living with type 1 diabetes (T1DM).

Given the number of patients, healthcare professional capacity and the risks associated with running out of insulin, the changeover needs to be undertaken in a planned and phased manner. This document has been developed by the SEL Levemir® short-term working group to support SEL in transitioning patients over from Levemir® to an alternative basal insulin by the end of September 2026. The working group has representation from primary, intermediate and

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: NHS South East London (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

secondary care colleagues. A primary care memo accompanies this guidance detailing actions for primary care colleagues.

Clinical guidance and supporting resources

An appropriately trained diabetes specialist will need to undertake a clinical review and advise on an alternative basal insulin. Across South East London, we recognise that there are a small number of trained diabetes specialists working in primary care that may be able to undertake the clinical review and manage the change to an alternative basal insulin. Where this is not the case, patients will need to be referred to specialist teams.

In SEL we are recommending that specialist diabetes practitioners follow the ABCD/PCDOS '*Discontinuation of Levemir (insulin detemir) FlexPen and Penfill Clinical Guideline*'. In addition, we have updated our SEL 'Once daily basal insulin titration patient information leaflet' for type 2 diabetes to support with titration and is available on the SEL ICS website.

Once patients are changed to an alternative basal insulin, follow up will be agreed between the patient and clinician. Timeframes for subsequent review(s) will be based on clinical need and patient factors.

Alternative basal insulin choices

The MSN highlights the availability of alternative basal insulins that can take an increase in prescribing as seen in table 1. All of these basal insulins are listed in the SEL Joint Medicines Formulary. The manufacturers of Abasaglar® and Humulin I® have advised that these insulins are unable to support an increase in demand and hence have been shaded grey in the table below.

It is important to note that there are no direct alternatives to Levemir®, which is the only analogue basal insulin to be licensed for twice daily use.

A shared decision on the choice of basal insulin will be made with the patient and clinician. Where a number of options are suitable, the basal insulin with the lowest cost should be used however noting that specialist teams should diversify prescribing across available options to reduce supply risk where possible. Locally it is likely that Semglee® would be the first line option for adults living with type 2 diabetes where clinically appropriate, with other basal insulins being reserved for use if Semglee® is not suitable.

Table 1: Alternative basal insulins

Insulin type	Brand name and devices	Ability to support increased demand	Cost per 300 units
Insulin glargine 100 units/ml (long acting)*	Lantus® SoloStar®*	Yes	£6.95
	Lantus® cartridges*	Yes	£6.95
	Semglee® pre-filled pen* (biosimilar)	Yes	£6.00
	Abasaglar® KwikPen®*	No	£7.06
	Abasaglar® cartridges®*	No	£7.06
Insulin glargine 300 units/ml (ultra-long acting)	Toujeo® SoloStar®	Yes	£7.14
	Toujeo® DoubleStar®	Yes	£7.14
Insulin degludec (ultra-long acting)	Tresiba® 100 units/ml cartridges	Yes	£9.32
	Tresiba® 200 units/ml FlexTouch® pen	Yes	£9.32
Human isophane insulin^ (intermediate acting)	Humulin I® KwikPen®	No	£4.34
	Humulin I® cartridges	No	£3.82

*All glargine 100 units/ml brands are licenced for once daily dosing, however in some people living with diabetes, especially at lower doses, the insulin action may not last 24 hours. As type 1 diabetes requires full 24hour basal insulin coverage, clinical practice often is to split the total daily dose, prescribing twice daily glargine 100 units/ml. Noting this would be off licence use and clinicians should follow local processes.

Communication

ICB colleagues will cascade guidance to primary care and provider organisations via existing ICB communication routes. Respective organisations are asked to identify a lead clinician and disseminate across relevant teams and contacts e.g. GP practices, ensuring any governance and reporting requirements are in place locally. Further communication will be cascaded as needed. Lead clinicians will be asked to confirm receipt of the documentation and agree implementation of any required actions.

Prescribing support software e.g. OptimiseRx will be updated to support primary care, signposting to local guidance and relevant Clinical and Care Professional leads will support dissemination of information.

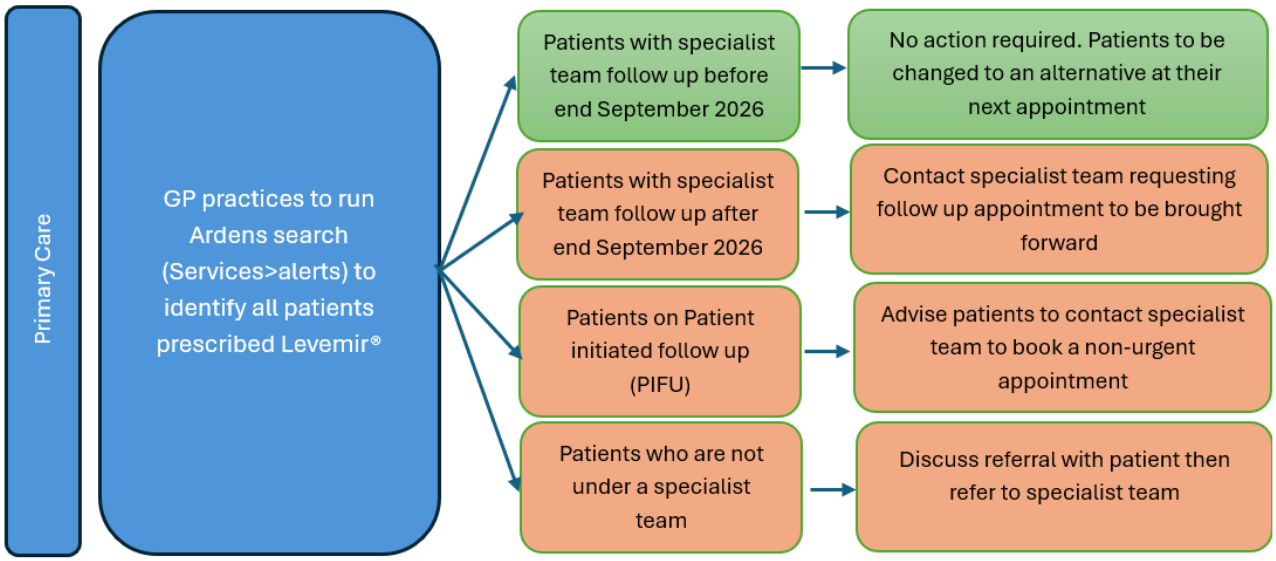
Diabetes UK has a dedicated page on the Levemir discontinuation which patients can be signposted to for further information.

Specialist teams will communicate changes to medication in clinic letters and include the insulin brand name, strength, device and dose, as well as document information regarding any additional prescriptions needed e.g. pen needles, glucose and ketone monitoring kits.

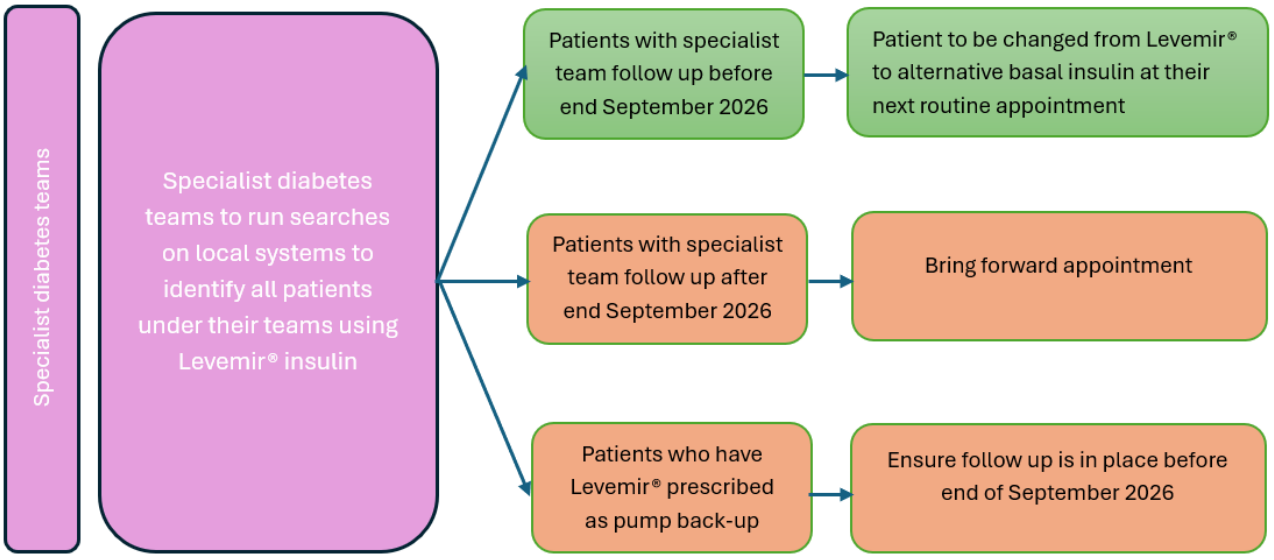
Identification of patients for review

To ensure all patients currently using Levemir® are seen for review before the end of September 2026, a dual identification system needs to be implemented. Both primary care and provider teams will need to work together to identify patients as detailed below:

Flow chart 1: Identification of patients prescribed Levemir in primary care



Flow chart 2: Identification of patients prescribed Levemir in specialist diabetes teams



For any additional providers who have patients under their care prescribed Levemir® insulin including prisons and mental health services, identification of patients and referral into specialist teams should mirror these timeframes.

It is recommended that an initial search is undertaken in February 2026 followed by quarterly searches to ensure that all patients have been identified and reviewed.

Monitoring progress

The SEL Diabetes Medicines Working Group and the SEL Medicines Safety Committee will monitor progress with Levemir® changeover monthly via the primary care Ardens Manager dashboard. This will be reported to the SEL Integrated Medicines Optimisation Committee for further oversight. Where there are concerns with progress, mitigation plans will be agreed with stakeholders.

SEL ICB have submitted initial data to NHS England and will comply with any further data requests and monitoring requirements going forward.

All providers with individuals under their care who are prescribed Levemir® are asked to:

- identify relevant patients and refer as noted above
- ensure methods are in place locally for monitoring progress with changeover to an alternative basal insulin
- report any incidents or near misses linked to the unavailability of Levemir or any incidents or near misses linked to the Levemir change through local reporting mechanisms