

To: **South East London primary care and teams in community settings** **January 2026**

Discontinuation of Levemir® (insulin detemir) by the end of December 2026

Key points

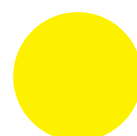
- **All Levemir® preparations are being discontinued; stock is anticipated to be exhausted by the end of 2026. Supply issues may become evident before this.**
- **No new patients are to be initiated on Levemir®**
 - all patients currently prescribed Levemir® will need to be changed to an alternative 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**
- **Specialist diabetes teams will be using 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**

The Department of Health & Social Care (DHSC) released a [Medication Supply Notification](#) (MSN) MSN/2025/036U highlighting that 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 the end of 2026 however supply issues may become evident before this.

Levemir® is a long-acting insulin analogue with a prolonged duration of effect used as a basal insulin, licensed for the treatment of diabetes mellitus in adults, adolescents and children aged 1 year and above. Primary Care data suggests that across South East London we have over 3,000 patients prescribed Levemir including adults and children and young people, with the majority of prescribing for people living with type 1 diabetes (T1DM).

All patients prescribed Levemir® will need to be changed to an alternative basal insulin by the end of September 2026. An appropriately trained diabetes specialist will need to undertake a clinical review and advise on an alternative basal insulin.

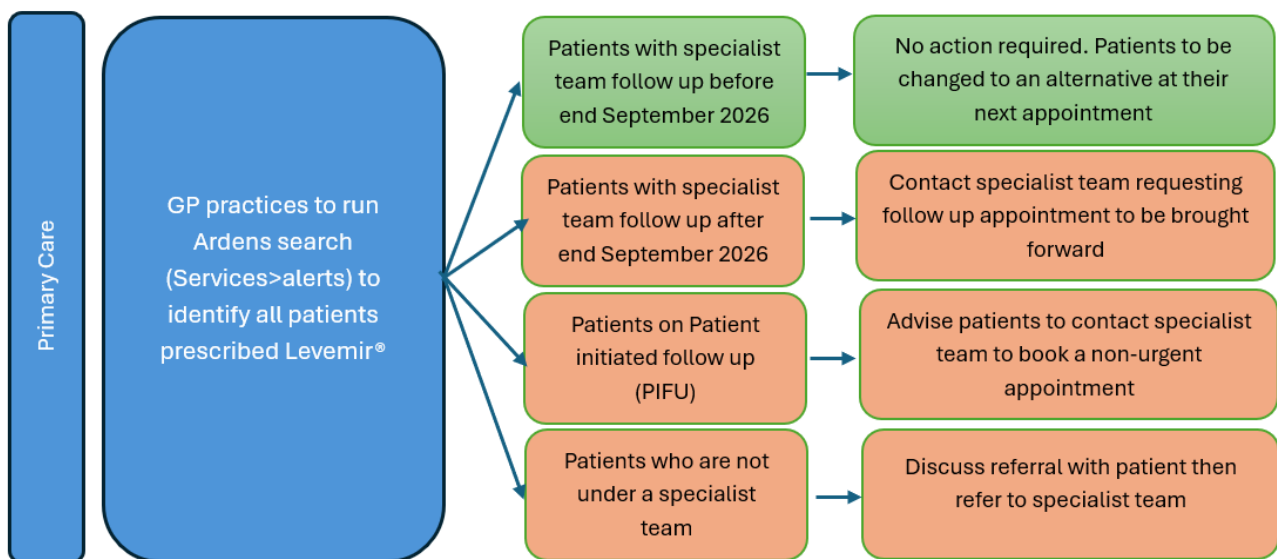
Across South East London, we recognise that there are a small number of appropriately trained diabetes specialists working in primary care that may be able to undertake the clinical review and manage the change to an alternative basal insulin. Where this is not the case, patients will need to be referred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



Actions for GP practices in response to the discontinuation:

1. Confirm to your local borough medicines optimisation team that the practice have received communications around discontinuation of Levemir® insulin and will implement the actions below
2. Do not initiate any new patients on Levemir® - for any new requests, contact specialist team for advice
3. Identify all patients currently prescribed Levemir® FlexPen® 100 units/ml pre-filled pens and Levemir® Penfill® 100 units/ml cartridges using the Ardens Manager searches found in Services>alerts:
 - ?consider alternative as due to be discontinued Dec 2026 – Levemir Flexpen + Penfill + T1DM
 - ?consider alternative as due to be discontinued Dec 2026 – Levemir Flexpen + Penfill + not coded as T1DM
4. Follow the advice below in figure 1
5. Repeat actions 2-4 quarterly and ensure methods are in place locally for monitoring progress e.g. EMIS or Ardens searches (as above). It is recommended that the initial search is undertaken in February 2026 and repeated quarterly thereafter.
6. Ensure patient medication lists including insulin passports are updated with any changes to insulin and consumables
7. 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

Figure 1: Action Flowchart for GP practices for patients prescribed Levemir® insulin



Actions for additional providers (e.g. prisons and mental health services):

For any additional providers who have patients under their care prescribed Levemir® insulin, the identification of patients and referral into specialist teams should mirror the processes above.

Additional information:

- In SEL we are recommending that diabetes specialists follow the Association of British Clinical Diabetologists (ABCD) and the Primary Care Diabetes and Obesity Society (PCDOS) [‘Discontinuation of Levemir \(insulin detemir\) FlexPen and Penfill Clinical Guideline’](#).

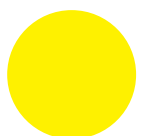
- Once patients are changed to an alternative basal insulin, follow up will be agreed between the patient and clinician:
 - Timeframes for subsequent review(s) will be based on clinical need and patient factors
 - Closer monitoring of blood glucose levels will be required during any change to therapy. Patients may be started on continuous glucose monitoring in line with local guidance. Some patients may request additional glucose monitoring strips and lancets.
- Alternative basal insulin options are detailed in the ABCD/PCDOS guidance and in the [MSN/2025/036U](#). A shared decision on the choice of basal insulin will be made with the patient and specialist clinician:
 - 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.
- People with allergies to alternative insulins should be referred to local allergy or diabetes services as required
- If additional support or clinical input is required, please contact usual team (see below)
- Patients who are currently using insulin pumps who have Levemir® as their back up insulin will also need to have this changed to an alternative basal insulin. Please follow the process in figure 1.

Action for community pharmacies:

- Advise patients presenting with prescriptions for Levemir® FlexPen® 100 units/ml and Levemir® Penfill® 100 units/ml cartridges that:
 - Levemir® will be discontinued by the end of December 2026. Supply issues may become evident before this.
 - they will need to contact their diabetes team and request an appointment for review before the end of September 2026 for an alternative to ensure that they do not run out of basal insulin. If an appointment is already in place, advise the patient to discuss the Levemir® discontinuation at their next appointment
- For patients presenting with a prescription for a new basal insulin:
 - Check that the required consumables have also been prescribed e.g. compatible needles, reusable pen device (if prescribed cartridges). Contact the prescriber where this is not the case
 - Confirm that the patient is able to use the device and understands the change, signposting back to the prescriber if further counselling is required
 - Reinforce the need for closer monitoring of glucose levels and advise the patient to seek clinical advice if glucose levels are not optimised.
 - Check whether medication lists/insulin passports have been updated; where this is not the case, advise the patient to raise this with the prescriber.

Additional resources:

- Diabetes UK has a dedicated page on [Levemir discontinuation](#) which patients can be signposted to for further information



Contacts:

Adult Specialist Diabetes Teams	Email	Contact Number
Guy's and St. Thomas' Hospital	gst-tr.diabetesandendocrine@nhs.net	020 7188 1916
King's College Hospital	kch-tr.diabetesnurses@nhs.net	02032999000 Ext 1739/1353
Queen Elizabeth Hospital	Lg.qediabetes@nhs.net	0208 836 5264
Queen Mary's Hospital	lg.sidcupdiabetes@nhs.net	020 3960 5580
Bexley community team	oxl-tr.bexleydiabetesteam@nhs.net	0208 319 7078 option 2
Greenwich community team	oxl-tr.greenwichdiabetesteam@nhs.net	0208 319 7078 option 1
Bromley community Team	Bromh.bromleydiabetesservice@nhs.net	0300 330 5777 Ext 2 adults Ext 2 diabetes
Lewisham Hospital Team	LH.DiabetesNurseReferrals@nhs.net	02031926462
Lambeth community team	gstt.lambeth-diabetes@nhs.net	02086557842
Lewisham community team	LG.communitydiabetes@nhs.net	02031926540
Southwark community team	gst-tr.southwark-diabetes@nhs.net	02030498863

Paediatric Specialist Diabetes Teams	Email	Contact Number
Guy's and St. Thomas' Hospital	gstt.paediatricdiabetesteam@nhs.net	02071884617
King's College Hospital	kch-tr.PaediatricDiabetesTeam@nhs.net	-
Lewisham Hospital	LH.PaediatricDiabetes@nhs.net	-
Queen Elizabeth Hospital	LG.ChildrensDiabetes@nhs.net	0208 836 5851

References:

1. Department of Health and Social Care Medicines Supply Notification [MSN/2025/036U](#). 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 14/08/2025
2. Association of British Clinical Diabetologists (ABCD) and the Primary Care Diabetes and Obesity Society (PCDOS) '[Discontinuation of Levemir \(insulin detemir\) FlexPen and Penfill Clinical Guideline](#)'. August 2025
3. Expert local opinion

Version 1.0, January 2026

