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Discontinuation of Levemir
UK Supply ending December 2026

- Levemir (insulin detemir) FlexPen 100units/ml solution for injection 3ml pre-filled pens and Levemir Penfill 100units/ml solution for injection 3ml cartridges are being discontinued. It is anticipated stock will be exhausted by December 2026.

- Levemir is a long-acting analogue basal insulin. Onset of action 1-2 hours, peak action 4-14hours total duration 12-24 hours. Licensed for once or twice daily administration.

No basal insulin analogue has the same profile or is licensed for twice-daily use like Levemir so alternatives will need consideration

Alternative insulin profiles

Brand Name (Device)	Insulin Type	Onset of action	Peak Effect	Duration
Levemir (FlexPen and Penfill cartridge)	Insulin detemir (long acting)	1-2 hours	4-14 hours (generally considered peakless at lower doses)	Duration is dose dependent (Range 12-24 hours)
Tresiba U100 Cartridges only	Insulin degludec (Ultralong acting)	30-90 minutes	No pronounced peak	42 hours
Abasaglar (KwikPen and cartridges) **Lantus** (SoloStar and cartridges)	Insulin glargine U100 (Long acting)	2-4 hours	Generally considered peak less (8-12 hours in some individuals)	20-24 hours

When switching between insulins, there can be differences between absorption, potency, and action profile: **consider reducing doses by 20% to avoid the initial risk of hypoglycaemia**.

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Risk of glucose instability is elevated during insulin changes – closer monitoring is required initially, and their insulin dose may need to be adjusted. A clinical review with CBG/CGM data is recommended with a 2-to-3-week review to support dose titration.

- Patients currently being prescribed Levemir can be identified using the Ardens CAS search within the clinical system.

- When prescribing new insulins, ensure any change in dose or device type is **explained to the patient** with written product information provided (insulin “credit cards” / passports / booklets) and prescribed **by brand to minimise the risk of product mis-selection. A new compatible pen will also need to be prescribed to use with new insulin cartridges.**

- Monitoring should rely on capillary blood glucose (CBG) at least four times daily, or CGM, and ketone monitoring (where appropriate) not HbA1c alone, due to its historical nature.

- Ensure adequate safety netting, along with a check of understanding of sick day rules. Advising patients to report any concerns about glucose levels after following provided dose adjustment guidance.

- Clinical review at 3 months to include HbA1c.

- For Type 1 patients who use Levemir twice daily, specifically for exercise consider referral to specialist services, or if there is uncertainty seek advice.

- Please ensure the switch is clearly documented and coded in the patient consultation and that the Levemir is removed from the repeat prescribing template, once the new branded alternative insulin has been added.

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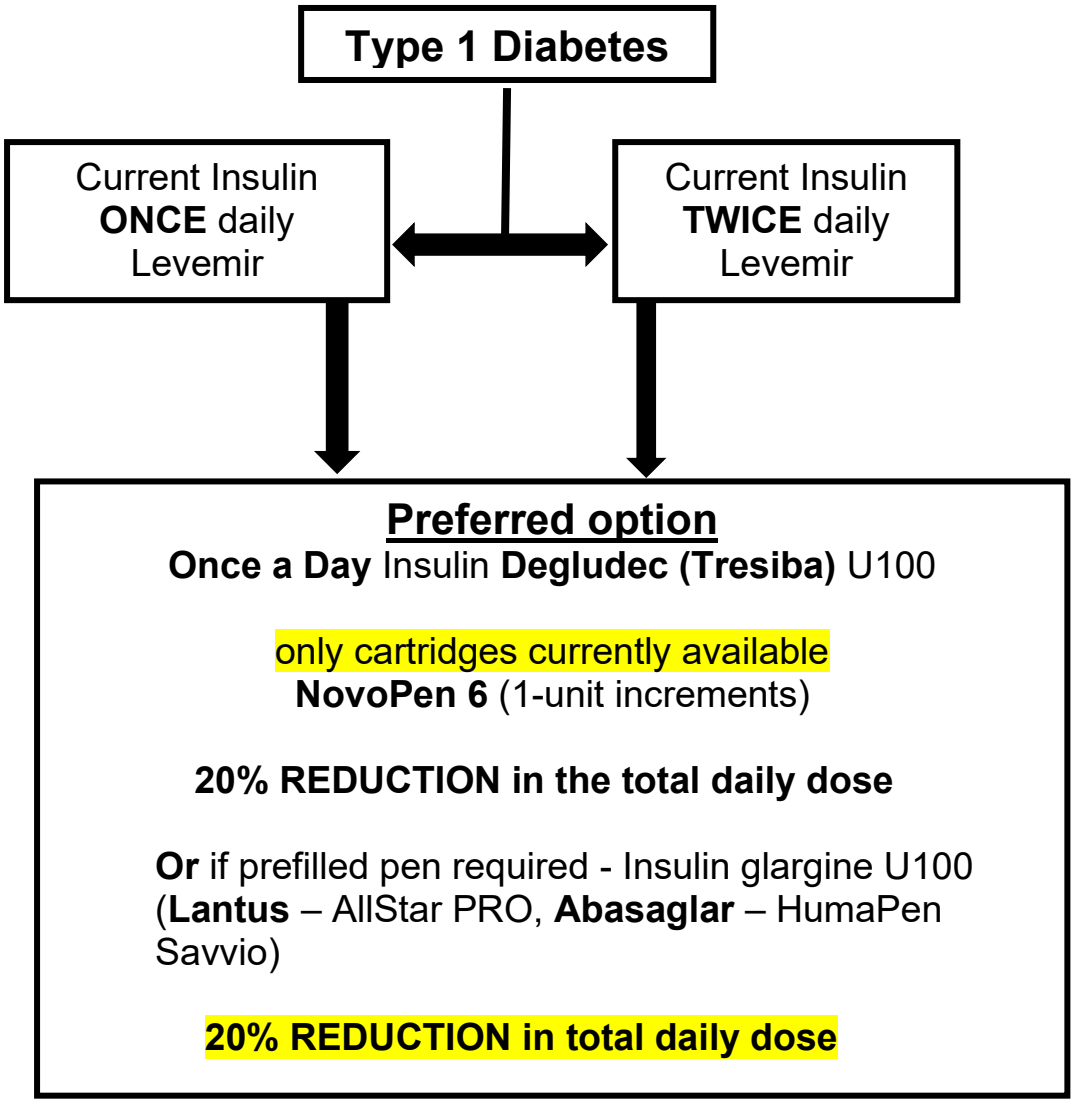
Alternative insulin options for people with Type 1 Diabetes (T1D)



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Alternative insulin options for people with Type 2 Diabetes (T2D)