

# Medicine discontinued - Insulin Levemir (detemir)

## Guidance on switching to alternative insulins in adults

### Background

Insulin Levemir, a long acting analogue insulin, is being discontinued; stock is anticipated to be exhausted by the end of 2026.

Switching to alternative insulins takes into consideration whether Levemir dose is once a day or twice a day. Please consider key points for safely switching to new insulins.

**Primary Care: if unable to control patients glucose post-switch, please refer these patients to the Diabetes Team.**

### Alternatives to insulin Levemir

Insulin Levemir (detemir)  
ONCE a day

- Switch to a long acting insulin
- Insulin Semglee (glargine) ONCE a day (a biosimilar)
- Reduce dose by 20%

Insulin Levemir (detemir)  
TWICE a day

- Switch to an intermediate acting insulin
- Insulin Humulin I (isophane) TWICE a day
- Reduce dose by 10%

All insulins are 100 units /mL

### Key point to consider:

- **Do not initiate** treatment with insulin Levemir for new patients.
- Clinical review by a clinician is essential before switching to an alternative insulin.
- Switch to alternative insulins as above.  
When switching between insulins, there can be differences between absorption, potency, and action profile, therefore **reduce dose as above to avoid the initial risk of hypoglycaemia.**
- When prescribing new insulins, ensure any change in device type is explained to the patient with written product information provided (insulin “credit cards” / passports / booklets).
- Monitoring should rely on capillary blood glucose (CBG) at least four times daily, continuous glucose monitoring (CGM) and ketone monitoring (where appropriate) —not HbA1c alone, as it gives a historical context and not day to day or in-day variability.
- Risk of glucose instability is increased during insulin changes. A clinical review with CBG/CGM data is essential.
- For those with very erratic glucose levels, or disproportionately high insulin doses, assess injection technique and check for evidence of lipohypertrophy at injection sites. considerable dose adjustments may be necessary. See advice and guidance if unsure.
- Provide education and support to help individual’s self-adjust doses post-switch, where appropriate, along with a check of understanding of sick day rules. Ensure adequate safety netting.
- Review patients at 2-3 weeks to support with dose titration, as necessary. For those at higher risk of dysglycaemia aim for close clinical review within 1-2 weeks of change where possible.

### References:

NHS England: Levemir (Insulin detemir 100 units/mL prefilled pens and cartridges (MSN/2025/036)

Primary Care Diabetes & Obesity Society [Discontinuation of Levemir \(Insulin Detemir\) Flexpen and Penfill Clinical Guideline](#)