



## Patient information leaflet for discontinuation of Levemir® insulin

The drug manufacturer Novo Nordisk has announced it will discontinue Levemir® insulin in all forms by the end of 2026. Here, we look at what this means for people with diabetes who are affected, and what happens next.

### Background

Novo Nordisk is discontinuing all Levemir® products (Penfill® and Flexpen®). These will no longer be available from 31<sup>st</sup> December 2026. They will be discontinued across the world.

### Pictures of the Levemir® (insulin detemir) FlexPen® 100 units/ml solution for injection 3ml pre-filled pens and Levemir® Penfill 100 units/ml solution for injection 3ml cartridges



### What is Levemir®?

Levemir® is a long-acting or background insulin that can be prescribed for and used by patients with diabetes. Levemir® provides up to 24 hours of insulin and can be injected once or twice a day.

### Who will be affected by this discontinuation?

Anyone currently living with diabetes who is prescribed Levemir® will be affected. If you take Levemir®, you will need to move to another long-acting or background insulin before 31<sup>st</sup> December 2026.

### What the HSE are doing

The HSE and national experts in diabetes care have shared guidance with your diabetes team to safely swap you to another insulin before Levemir® is discontinued.



**There is no benefit in stockpiling the Levemir® you are currently using. This could lead to shortages while the insulin is still available and will not prevent you from needing to change insulin eventually.**

### **What do I need to do now?**

If you take Levemir® in any form, continue to take it as usual for now.

Check when your next appointment with your diabetes team is scheduled.

### **If you do not have an appointment scheduled in 2026:**

Contact your diabetes team by the usual method (e-mail, phone) to let them know how much Levemir you have left. A plan will then be made for you to switch to an alternative insulin.

### **If you do have an appointment scheduled in 2026:**

You do not need to do anything right now. A plan will be made for you to switch to an alternative insulin at your appointment.

### **What are the alternative insulins?**

There are different types of long-acting or background insulins instead of Levemir®. Insulin options will be discussed with you. Your diabetes team will prescribe the most appropriate insulin based on your individual circumstances.

Talk with your diabetes team about which alternative would be best for you. If you have any concerns about how well your insulin is working for you after the change, discuss your concerns with your diabetes team.

Levemir® strength is 100 units/ml. Some of the alternative long-acting or background insulins strengths are 200 units/ml or 300 units/ml (which are double or triple strength).

You may end up on a higher strength insulin to Levemir®. This means the amount of liquid that you need to inject will be smaller.

Based on your condition or circumstances, Levemir® may last for a shorter time than some of the alternatives. So right now, you may take it twice a day.

The alternative insulins listed below usually last longer. So, when you switch, you may only need to take these once a day. You can discuss this with your diabetes team.

### **What will happen when I change insulin?**

You can talk with your diabetes specialist team about your current diabetes management. Together, you can decide on the best background insulin for you.

Your diabetes team will likely reduce the dose of your new insulin by 10 to 20 percent to reduce the risk of low blood glucose (sugar), also known as hypoglycaemia.

They will ask you to monitor your blood sugar levels more closely when you make this change. After some time, your dose will possibly then be increased depending on how your blood glucose levels respond to the insulin.

When you are learning to use your new insulin, your diabetes team may want to assess your new injection technique and to check your injection sites.



Your diabetes team will review your response to your new insulin. They will help you to adjust your dose if needed.

We know that changing insulin may feel overwhelming and you might have questions. You can discuss these with your diabetes team.

### **Changing to a new insulin pen device**

Changing insulin may mean you also need to use a different insulin pen device.

If you are changed to another injection pen you have not used before, make sure your diabetes team shows you the new pen and you know how to use it.

Also, ask your diabetes team to check your prescription so you have all the equipment you need to start using your new pen.

If you have any concerns after starting your new pen speak to your diabetes team or your community pharmacist.

**This patient information leaflet has been developed by the HSE National Clinical Programmes for Diabetes, HSE National Clinical Programme for Paediatric Diabetes, HSE Communications, Clinical Experts in Diabetes and the HSE Access and Integration Drug Management Programme.**

### **Alternative background or long-acting insulins:**

#### **Insulin Glargine 100units/ml:**

- Lantus 100units/ml solution for injection 3ml cartridges
- Lantus 100units/ml solution for injection 3ml pre-filled SoloStar pens

#### **Insulin Glargine 300 units/ml – This is a triple strength insulin.**

- Toujeo 300units/ml solution for injection 1.5ml pre-filled SoloStar pens
- Toujeo 300units/ml solution for injection 3ml pre-filled DoubleStar pens

#### **Human Isophane Insulin 100units/ml**

- Humulin I 100units/ml suspension for injection 3ml cartridges
- Humulin I KwikPen 100units/ml suspension for injection 3ml pre-filled pens

#### **Insulin Degludec**

- Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens.
- Tresiba Penfill 100units/ml solution for injection 3ml cartridges
- Tresiba FlexTouch 200units/ml solution for injection 3ml pre-filled pens - this is a double strength insulin.