THE ABLE DIABETIC
Able Guide No. 15

The End of Levemir: What Every Type 1 Diabetic Needs to Know
What is happening, when, and what comes next

Why this guide exists

Levemir is being discontinued. If you are one of the tens of thousands of people in the UK currently using it as your basal insulin, you will need to switch to something else before the end of 2026. This is not optional, and it is not something you can do on your own. It requires a managed transition under the guidance of your diabetes team.

The official guidance says wait to be contacted. That is reasonable advice. However, waiting to be contacted is not the same as being uninformed. This guide gives you some facts, starts to explain your options, and tells you what to expect and ask when the conversation with your team comes.

It is based on my own experience and research, not clinical expertise. It is not medical advice. Every person's situation is different. You and your team know yours.

1. What Levemir is and why it matters

Levemir (insulin detemir) is a long-acting basal insulin made by Novo Nordisk. It has been available since 2004. Many people with Type 1 diabetes have used it for a decade or more, some for two decades. It works over approximately 18 to 24 hours, which means most people take it twice daily, morning and evening, to maintain continuous background coverage.

For long-term users, Levemir is not just their insulin. It is a known quantity. You know how it behaves in your body, how it interacts with food, exercise, stress, sleep and overall lifestyle factors. That knowledge has been built slowly, over years. It is part of what makes management feel manageable.

That is what makes this discontinuation more significant than a simple prescription change. It is not just a new brand. It is a new insulin, with a different mechanism, a different duration, a different behaviour profile and your body will respond to it differently. That requires adjustment, and adjustment takes time.

2. What is happening and when

Novo Nordisk announced the global discontinuation of Levemir in 2025. In the UK, a Medicines Supply Notification was issued in June 2025 instructing healthcare professionals not to start any new patients on Levemir. An updated notification followed in August 2025 with more detailed guidance on switching.

UK supplies of Levemir are expected to run out by the end of December 2026. The NHS has set an internal target of transitioning all current Levemir users by approximately September 2026, ahead of that date. This means the practical window for switching, if you have not already begun, is roughly now until late summer 2026.

The reason communication has been patchy is structural rather than careless. There is no single co-ordinated national campaign. Responsibility sits with local NHS systems, GP practices, and diabetes teams, all of which are stretched. Some patients have already been contacted. Many have not. If you have not heard from anyone, that does not mean your switch has been forgotten - but it does mean it may be worth raising proactively yourself.

3. The alternatives: what is available

There is no like-for-like replacement for Levemir. None of the alternatives work in exactly the same way. Each has a different composition, a different duration, and a different profile. Your team should work with you to understand your best option and recommend the most appropriate course of action for your specific regime, history, and lifestyle. What follows is a plain-English overview to help you understand the landscape before that conversation.

Lantus and its biosimilars (insulin glargine U-100)
Lantus has been on the market since 2000 and is the insulin with the longest established safety record among the current options. It is the NHS preferred choice for the Levemir switch in most regions. It is taken once daily and works for approximately 24 hours. Biosimilar versions - Semglee and Abasalgar - contain the same active ingredient and are considered equivalent. They are more widely available in some areas. Some people find the injection site stings slightly more than Levemir; this is a known characteristic of glargine insulins.

Toujeo (insulin glargine U-300)
Toujeo contains the same active ingredient as Lantus but is three times more concentrated, giving it a longer and flatter action profile of up to 36 hours. It is taken once daily. It is not routinely recommended by the NHS for the Levemir switch and is more likely to be offered in specific circumstances, for example where higher basal doses are required. It requires a smaller volume of fluid per dose than Lantus.

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Tresiba (insulin degludec)
Tresiba is an ultra-long-acting basal insulin with a duration of up to 42 hours. It is taken once daily and is notably flexible on timing - for adults, it can be taken at any time of day without requiring strict consistency. It has a very flat, stable profile which suits many people. I switched to Tresiba briefly in 2023 and it did not work for me - I experienced persistent overnight hypoglycaemia that did not resolve with dose adjustment, and returned to Levemir after eight weeks. That is my experience, not a prediction for anyone else. Many people do well on Tresiba. The full account of what happened is on my website if you want to read it.

4. The insulin pump question

For some people, the Levemir discontinuation may prompt a conversation about whether an insulin pump is the right route. Pumps deliver continuous basal insulin without the need for daily injections of a long-acting insulin at all. The technology has improved significantly, and hybrid closed loop systems, which adjust insulin delivery automatically in response to CGM readings, represent a genuinely different level of management.

There is, however, a perverse eligibility barrier that is worth knowing about. NHS access to pump therapy for adults with Type 1 diabetes is partly determined by HbA1c - your average blood glucose over time. People whose HbA1c is below a certain threshold may be deemed ineligible, on the basis that their current management is working adequately. In practice, this means that some of the people managing their condition most carefully are excluded from accessing the technology most likely to help them. If you believe a pump may be an appropriate alternative for you, it is worth raising the question directly with your team, knowing that the answer may be frustrating.

5. What to do now

If your diabetes team has already been in touch about switching, work with them, ask questions, tell them what you think, and follow their guidance. They should know your specific situation and be able to recommend the most suitable alternative for you.

If you have not yet heard from anyone, there is no need to panic, but there is benefit in being prepared. Make sure your next diabetes appointment is in the diary, and at it, raise the Levemir switch directly. Ask which alternative they are recommending for someone with your profile, and when they plan to make the change. Ask whether there will be a supported transition period with close monitoring in the early weeks of the transition. Ask what to watch for, and when to call for help if things feel wrong. If one of the options doesn't work for you, you may be able to move again and find one which does.

And if you are anxious about it, which is a reasonable response, know that the t1d community around you is going through this too and reach out for support.

Based on Sarah's lived experience and publicly available clinical information. Not medical advice. Please work with your diabetes team on all decisions about your insulin.

Want to understand more?

Read the full personal account of my Tresiba switch at theablediabetic.com/blogs

Join the Inner Circle at theablediabetic.com/community

Visit www.theablediabetic.com or contact Sarah at sarah@theablediabetic.com

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