

Discontinuation of Levemir[®] (insulin detemir) FlexPen[®] and Penfill[®]

Key messages

- The Therapeutic Goods Administration (TGA) has [advised](#) that Levemir[®] FlexPen[®] 100 units/mL pen device and Penfill[®] 100 units/mL cartridge will be discontinued in December 2026.
- People with diabetes using Levemir[®] FlexPen[®] or Penfill[®] who require ongoing insulin therapy will need to be transitioned to an appropriate alternative insulin preparation, as soon as practicable.
- The transition to alternative insulin products requires careful planning and timely management to maintain continuity of care and minimise the risk of medication errors.
- Clinicians should use the [safe prescribing checklist](#) to help mitigate risks when transitioning patients between insulin products.
- The Levemir discontinuation recommendations (in press) by the Diabetes Alliance working group provides clinical guidance on managing the transition from Levemir[®] and selecting appropriate alternative insulin products (summarised in **Figure 1**).

Levemir[®] FlexPen[®] and Penfill[®] are among a range of insulin products being discontinued globally. [Guidance - Discontinuation of insulin products: Strategies and safety considerations](#) provides more information for clinicians about transitioning people with diabetes to alternative insulin products.

Purpose

This fact sheet has been developed by the Australian Commission on Safety and Quality in Health Care (the Commission) to support clinicians in delivering safe and high-quality care during the discontinuation of Levemir[®] FlexPen[®] and Penfill[®] in Australia. The fact sheet focuses on actions to mitigate risks associated with changing or switching from Levemir[®] FlexPen[®] and Penfill[®] to alternative insulin products. It does not provide clinical guidance on the selection or use of insulin products.

Insulin detemir

Insulin detemir is a long-acting insulin analogue with onset of action within 60 minutes and reaching a maximum effect within 6 to 8 hours.¹ Insulin detemir is administered once or twice daily with a duration of action of up to 24 hours.¹

In Australia, insulin detemir is available from Novo Nordisk as Levemir® FlexPen® and Penfill®. In December 2026, Levemir® FlexPen® (insulin detemir, 100 units/mL injection in a 3 mL pre-filled pen device) and Levemir® Penfill® (insulin detemir, 100 units/mL injection in a 3 mL cartridge for use with a compatible reusable pen device) will be discontinued.

There is no directly equivalent substitute for Levemir® FlexPen® and Penfill®. People with diabetes using Levemir® FlexPen® or Penfill® should transition to a suitable alternative insulin product as soon as practicable (**Table 1**). Before prescribing an alternative product, clinicians should consider product availability, including availability on the hospital formulary or through the Pharmaceutical Benefits Scheme (PBS).

Table 1 Levemir® products to be discontinued and available alternatives.

Insulin product to be discontinued in December 2026 [∞]	Available alternative(s)
Levemir® (insulin detemir) FlexPen® prefilled pen	• Optisulin® (insulin glargine) cartridge • Optisulin® (insulin glargine) SoloStar® prefilled pen
Levemir® (insulin detemir) Penfill® cartridge	• Toujeo® (insulin glargine) SoloStar® prefilled pen • Tresiba® (insulin degludec) Penfill® cartridge • Insulin pump with short acting insulin*

[∞] Stock may be available after this date, until depleted

*Note that insulin pumps are not reimbursable under the Medicare Benefits Scheme. However, short-acting insulins used in insulin pumps are subsidised under the PBS.

Safety considerations

Unstable blood glucose levels are a potential risk during the transition from Levemir® to an alternative insulin. Some people with diabetes may be at higher risk of unstable blood glucose levels, including children and adolescents, women who are pregnant, post-partum or post-menopausal, older people, and those with:

- hypoglycaemia unawareness
- history of severe hypoglycaemia or recurrent diabetic ketoacidosis (DKA)
- evidence of lipohypertrophy at injection sites
- frailty
- renal or severe hepatic impairment
- high glucose variability on continuous glucose monitoring
- cognitive or functional impairment
- learning difficulties, limited health literacy or English as a second language
- visual impairment and manual dexterity problems
- high alcohol intake or binge drinking
- high level of physical activity.

In addition to those at increased risk of blood glucose instability, particular attention should be given to people who may experience barriers to accessing timely diabetes review, education, monitoring or follow-up during the transition process. This may include Aboriginal and Torres Strait Islander peoples, people living in rural and remote areas,



people from culturally and linguistically diverse backgrounds, those living with a disability and those with limited access to diabetes specialist services.

Risk mitigation strategies

- Levemir® FlexPen® and Penfill® should not be prescribed for people who are newly diagnosed with diabetes.
- Proactively identify and review people with diabetes who are prescribed Levemir® FlexPen® or Penfill® to support a switch to an alternative insulin as soon as practicable.
- Where possible, ensure a continuous glucose monitor (CGM) is in place to support the identification, monitoring and clinical review of dysglycaemia. CGMs are subsidised through the National Diabetes Services Scheme (NDSS) for people with type 1 diabetes.
- Where CGM is not available, more frequent self-monitoring of blood glucose levels may be required during the transition period, as clinically appropriate.
- Engage relevant members of the diabetes care team as appropriate to support the transition to an alternative insulin product.
- Ensure individuals and their family/friends understand how to recognise and manage [hypoglycaemia and hyperglycaemia](#), including during periods of illness ([sick day management](#)), are aware of [safe driving requirements](#) and are able to administer glucagon if required.
- Provide the required education, ideally via the teach-back method of understanding or refer to a [credentialled diabetes educator](#) for advice. See [Health Literacy - Supporting staff to meet health literacy needs fact sheet](#).
- Review and monitor people with diabetes promptly following any insulin product changes to ensure appropriate use of the new insulin and that blood glucose levels remain within the target range.

Refer to the Levemir discontinuation recommendations (in press) for clinical guidance on managing the transition from Levemir® and selection of appropriate alternative insulins. The recommendations were developed by the Diabetes Alliance working group with representatives from the [Australian Diabetes Society \(ADS\)](#), [Australasian Diabetes in Pregnancy Society \(ADIPS\)](#), [Australian Diabetes Educators Association \(ADEA\)](#), [Diabetes Australia \(DA\)](#) and the [Australia and New Zealand Society for Paediatric Endocrinology and Diabetes \(ANZSPED\)](#).

The recommendations' guidance was adapted from [Joint guidance](#) published by the [Association of British Clinical Diabetologists \(ABCD\)](#) and the [Primary Care Diabetes & Obesity \(PCDO\) Society](#), and is summarised in **Figure 1**.

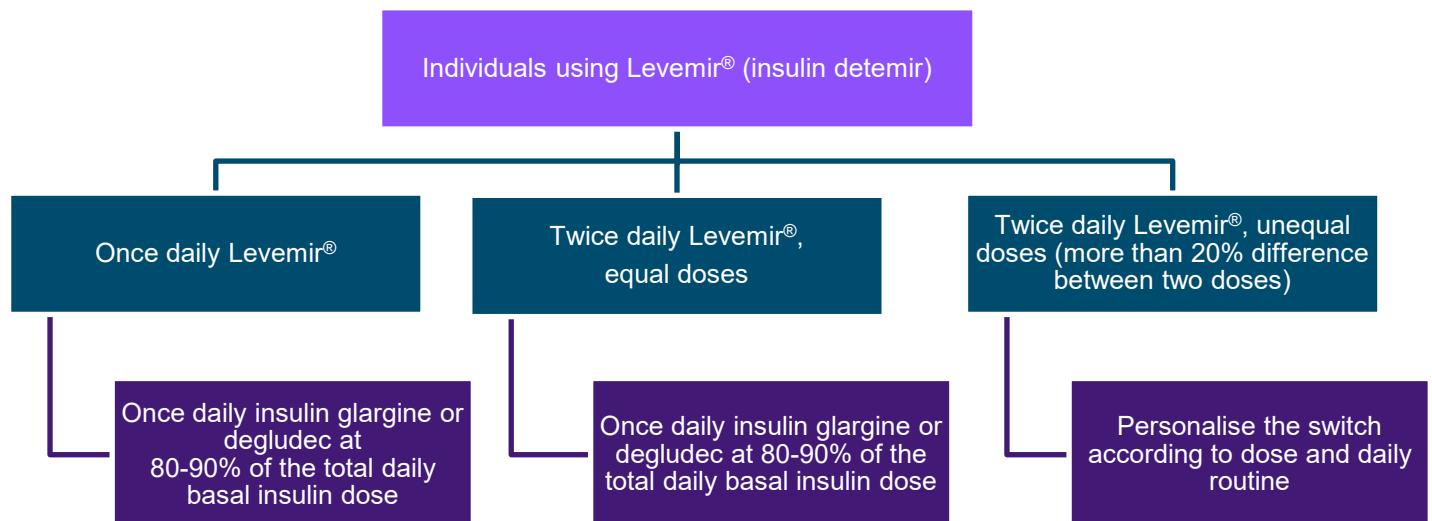
The ABCD and PCDO Society recommend review at 2 to 3 week intervals to support dose titration. Where feasible, review individuals at higher risk of dysglycaemia within 1 to 2 weeks of the insulin change and provide clear dose adjustment plans to support self-titration. Facilitate earlier review if dysglycaemia occurs.

A twice-daily regimen of insulin glargine or insulin degludec constitutes off-label use of insulin. Refer to the [Guiding Principles for the quality use of off-label medicines](#) to support safe, informed and patient-centred decision-making if this option is considered.

Levemir® is among a range of insulin products being discontinued. More information about the [discontinuations](#) is available from the TGA. Refer to [Guidance - Discontinuation of](#)

[insulin products: Strategies and safety considerations](#) for more information on changing or switching insulin products.

Figure 1 Transition guidance from Levemir® to insulin glargine (Optisulin® or Toujeo®) or degludec (Tresiba®).



Useful resources

- Levemir discontinuation recommendations (in press). Diabetes Alliance working group. [cited 8 October 2026].
- [Changes to the supply of insulin products](#). Therapeutic Goods Administration (TGA). [cited 26 June 2026]
- [Discontinuation of Levemir \(insulin detemir\): Joint guidance from ACBD and PCDO Society – version 2 \(27/05/26\)](#). Association of British Clinical Diabetologists (ABCD) and Primary Care Diabetes & Obesity (PCDO) Society. [cited 26 June 2026]
- [Rethinking medicines decision-making for off-label use of medicines](#). Council of Australian Therapeutic Advisory Groups (CATAG). [cited 3 July 2026]
- [Managing glycaemia emergencies](#). Royal Australian College of General Practitioners.
- [Reporting adverse events for health professionals](#). Therapeutic Goods Administration (TGA). [cited 11 August 2026]
- NSW Health Safety Notice 023/25 [UPDATED: Discontinuation of multiple insulin products](#) (23 Sept 2025)

References

1. Australian Medicines Handbook. Insulins: Australian Medicines Handbook; 2026.

For more information

Please visit: [Therapeutic Goods Administration](#) or contact [1800MEDICARE](#) (1800 633 422) or the Commission at medsafety@safetyandquality.gov.au.

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