



# Medicine Supply Notification

MSN/2026/001

## Co-codamol 30mg/500mg tablets

Tier 3 – high impact\*

Date of issue: 12/01/2026

Link: [Medicines Supply Tool](#)

## Summary

- Co-codamol 30mg/500mg **tablets** will be in limited supply from early February until early June 2026.
- Paracetamol 500mg tablets remain available and can support a full uplift in demand.
- Codeine 30mg tablets remain available and can support a partial uplift in demand.
- Co-codamol 30mg/500mg **capsules** remain available and can support a partial uplift in demand from mid-April 2026.
- Co-codamol 30mg/500mg **effervescent tablets** remain available but cannot support an uplift in demand.
- Other strengths and forms of co-codamol remain available but cannot support an uplift in demand.
- Co-dydramol 30mg/500mg and 20mg/500mg tablets remain available but cannot support an uplift in demand.

## Actions Required

Healthcare professionals should not initiate new patients on co-codamol 30mg/500mg tablets until the supply issues have resolved.

Where patients have insufficient supply to last until the re-supply date, prescribers should review pain control to determine if treatment is still required, and if the decision is made to stop treatment, avoid abrupt cessation of therapy (see Supporting Information).

Where pain control is still required, prescribers should establish:

- if the minimum dose of co-codamol 30mg/500mg tablets is being used to maintain pain control;
- if the codeine component is still required; and
- appropriateness of switching to separate components (paracetamol 500mg and codeine 30mg tablets), ensuring the patient is counselled on dosing of the components and if increase in tablet load is acceptable (if applicable).

Where the above options are not appropriate, consider ring-fencing co-codamol 30mg/500mg **capsules** for patients who require a co-codamol 30mg/500mg combination product, ensuring the gelatin content is acceptable, there is no intolerance to any of the excipients, and the patient is counselled on the change in formulation (see Supporting Information).

Where the above options are not considered appropriate, consider switching patients to an alternative analgesic preparation in line with local/national formulary or guidance.

\*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

## Supporting information

Co-codamol 30mg/500mg tablets are licensed for the relief of moderate to severe pain. The clinical need for analgesic treatment should be reviewed regularly as prolonged use may lead to drug dependence, even at therapeutic doses. Patients should be closely monitored for signs of misuse, abuse, or addiction. Drug withdrawal syndrome may occur upon abrupt cessation of therapy or dose reduction. When a patient no longer requires therapy, it is advisable to taper the dose gradually to minimise symptoms of withdrawal. Tapering from a high dose may take weeks to months.

The capsule formulation may not be acceptable to some patients on cultural or religious grounds due to its gelatin content.

Prescribers should avoid switching to strong opioids for [chronic pain](#). Patients with chronic pain may respond to [non-pharmacological approaches](#).

### Links to further information

[BNF: Co-codamol](#)

[SmPC: Co-codamol 30/500 presentations](#)

[BNF: Codeine phosphate](#)

[MHRA Drug Safety Update: Opioids- risk of dependence and addiction](#)

[Faculty of Pain Medicines: Opioids Aware](#)

[NHSE: Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms](#)

[NICE: Chronic pain \(primary and secondary\) in over 16s: assessment of all chronic pain and management of chronic primary pain](#)

[LiveWell with pain](#)

## Enquiries

If you have any queries, please contact [DHSCmedicinesupplyteam@dhsc.gov.uk](mailto:DHSCmedicinesupplyteam@dhsc.gov.uk).