



22/12/2025	Co-codamol 30mg/500mg tablets	3	<p>The template circulated ahead of the meeting was read out</p> <p>Indication: The relief of severe pain. Codeine is indicated in patients older than 12 years of age for the treatment of acute moderate pain which is not considered to be relieved by other analgesics such as paracetamol or ibuprofen (alone).</p> <p>Companies affected and reasons for the shortage: Indian Government delayed the authorisation of codeine-based Active Pharmaceutical Ingredients (API) imports via a Gazette notification required for manufacturing co-codamol tablets for export to the UK. Since the Gazette notification was issued, suppliers must conduct an additional step to apply for an import and export license, and there are long lead times from manufacturing to releasing of the product:</p> <ul style="list-style-type: none"> • Zentiva • Wockhardt • Phoenix Labs <p>Supply overview: Co-codamol 30mg/500mg tablets will be in limited supply from mid-February 2026 until early June 2026</p> <table border="1" data-bbox="667 1198 1906 1362"> <thead> <tr> <th>MAH & pack size</th> <th>Gap in supply (packs/month)</th> <th>OOS period</th> </tr> </thead> <tbody> <tr> <td>Wockhardt (100)</td> <td>170,000</td> <td>15 Jan 26 – approx. March 26</td> </tr> <tr> <td>Wockhardt (30)</td> <td>25,000</td> <td>15 Jan 26 – approx. March 26</td> </tr> </tbody> </table>	MAH & pack size	Gap in supply (packs/month)	OOS period	Wockhardt (100)	170,000	15 Jan 26 – approx. March 26	Wockhardt (30)	25,000	15 Jan 26 – approx. March 26	MSRG agreed to the proposed management options, tier 3 and for MST to review the decision on whether to issue an SSP.
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				Zentiva (100)	375,000	20 Feb 26 – early June 26
				Phoenix Labs (100)	13,000	Approx. early Feb 26 – July 26
				Supply data summary		

Presentation	Primary Care: (packs/month)	Secondary Care: (packs/month)	Total UK usage (England and DAs)	Reported sales of affected (packs/month)	MAH																								
Co-codamol 30mg/500mg tablets (100)	909,625	19,327	1,114,742																										
<p>*Data extracted from PCA (2024) and Define (18/12/2024- 18/12/2025) and extrapolated by multiplying by 1.2 to incorporate anticipated usage in the devolved administration and private use</p> <p>Alternative presentations / products</p> <ul style="list-style-type: none"> • Codeine 30mg tablets remain available and can support a partial uplift in demand • Paracetamol 500mg tablets remain available and can support a full uplift in demand • Co-codamol 30/500 capsules remain available and can support a partial uplift in demand from mid-April 26 • Alternative analgesics, e.g. co-dydramol tablets, remain available but cannot support an uplift in demand <p>Demand of analgesics compared to co-codamol 30/500 tablets:</p> <table border="1"> <thead> <tr> <th>Presentation</th> <th>Usage (single tablets/month)</th> <th>Usage (packs/month)/ pack</th> </tr> </thead> <tbody> <tr> <td>Co-codamol 30/500 tablets</td> <td>111,474,233</td> <td>1,114,742 (100)</td> </tr> <tr> <td>Codeine 30mg tablets</td> <td>34,552,496</td> <td>1,234,018 (28)</td> </tr> <tr> <td>Paracetamol 500mg tablets</td> <td>238,664,505</td> <td>2,386,645 (100) *</td> </tr> <tr> <td>Co-codamol 30/500 capsules</td> <td>18,341,812</td> <td>183,418 (100)</td> </tr> <tr> <td>Co-dydramol 10mg/500mg tablets</td> <td>12,375,699</td> <td>123,757 (100)</td> </tr> <tr> <td>Co-dydramol 20mg/500mg tablets</td> <td>763,917</td> <td>13,641 (56)</td> </tr> <tr> <td>Co-dydramol 30mg/500mg tablets</td> <td>12,804,032</td> <td>18,154 (56)</td> </tr> </tbody> </table> <p>*PCA and define data for POM pack size only, i.e. not inclusive of overall over the counter sales from P and GSL pack sizes</p>						Presentation	Usage (single tablets/month)	Usage (packs/month)/ pack	Co-codamol 30/500 tablets	111,474,233	1,114,742 (100)	Codeine 30mg tablets	34,552,496	1,234,018 (28)	Paracetamol 500mg tablets	238,664,505	2,386,645 (100) *	Co-codamol 30/500 capsules	18,341,812	183,418 (100)	Co-dydramol 10mg/500mg tablets	12,375,699	123,757 (100)	Co-dydramol 20mg/500mg tablets	763,917	13,641 (56)	Co-dydramol 30mg/500mg tablets	12,804,032	18,154 (56)
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			<p><u>Clinical Information:</u></p> <p>SPS MA clinical summary:</p> <ul style="list-style-type: none">• Check if Co-dydramol 10mg/500mg, 20mg/500mg, and 30mg/500mg tablets can support an uplift in demand. MST reviewed usage which cannot support an uplift in demand.• Review pain control to establish if codeine component still required• Review dose to ensure minimum used to maintain pain control• If capsule stock limited, could reserve for patients unable to take separate tablet components?• Capsules may not be suitable for some patients on cultural and religious grounds <p><u>Management options:</u></p> <p>Where patients have insufficient supply to last until the re-supply date and stocks are not available, clinicians should consider prescribing:</p> <ul style="list-style-type: none">• Separate constituents of co-codamol 30/500 tablets, i.e. codeine 30mg tablets and paracetamol 500mg tablets, ensuring the patient is counselled on the change in product• Is an SSP being considered? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <p><u>Ask of MSRG:</u></p> <ul style="list-style-type: none">• Discuss and approve the tier, management options, and communication plan <p><u>Communication plan and timeline:</u></p> <ul style="list-style-type: none">• Issue a Tier 2 MSN as soon as possible <p><u>Discussion during meeting:</u></p> <ul style="list-style-type: none">• MSRG member [REDACTED]: what is the rationale for not issuing an SSP considering the volume of prescriptions that will require changing in primary care?	
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			<ul style="list-style-type: none">• MST [REDACTED] An SSP has been considered, the volumes are very big, potentially prohibitive and there isn't a single product we can point to in the SSP. We can take that back for further discussion.• MSRG member [REDACTED] Can the soluble presentations support?• MST [REDACTED] the demand of the soluble presentations is much lower therefore cannot support.• MSRG member [REDACTED] looks like a significant gap. There is an addiction component for some patients taking this long term and this needs to be considered as some patients may have withdrawal symptoms if the codeine aspect is not supplied.• MSRG chair [REDACTED] Codeine is metabolised into morphine and in extremes where pain control is required, could consider low dose morphine.• MSRG member [REDACTED] Combination product tablets are less abusable as opposed to taking each component separately. May be worth re-considering the SSP approach to reduce the number of patients going back to prescribers. Does not feel like a tier 2.• MSRG member [REDACTED] is it worth advising in-patient use to be codeine on its own as they are likely to be opiate naïve. However not sure whether the usage figures are significant.• MSRG member [REDACTED] patients may be getting this prescribed in flu season so prescribing patterns may be different to what we are expecting, issue could be bigger.• MSRG member [REDACTED] impact on the system could be significant so tier 3. <p>The following criteria for a NATPSA was reviewed and the below agreed:</p> <table border="1"><thead><tr><th>Criteria</th><th>Criteria met</th></tr></thead><tbody><tr><td>Is the issuing of this communication within remit of MST/MPSC?</td><td>Yes</td></tr><tr><td>Is there a risk of death or disability within 12 months if nothing is communicated?</td><td>No</td></tr><tr><td>Does the issue require system wide communication? i.e. unlikely the issue can be rapidly addressed at source?</td><td>Yes</td></tr><tr><td>Straight forward or complex</td><td>Complex</td></tr></tbody></table>	Criteria	Criteria met	Is the issuing of this communication within remit of MST/MPSC?	Yes	Is there a risk of death or disability within 12 months if nothing is communicated?	No	Does the issue require system wide communication? i.e. unlikely the issue can be rapidly addressed at source?	Yes	Straight forward or complex	Complex	
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				<ul style="list-style-type: none">Members agreed that a tier 3 MSN is to be drafted, reviewed and issued	
22/12/2025					

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