

Over the Counter Drugs' Price Deregulation in Jordan: The Case of Paracetamol

*Ali Al-Maaieh,¹ Ahmad Oran,¹ Ibrahim Alabbadi^{*1}*

Abstract

This research aimed to evaluate the implementation of Over The Counter drugs (OTC) prices' deregulation policy in Jordan. Two comprehensive questionnaires were designed; one for pharmacists (retailers) and the other for patients (consumers); 311 pharmacies and 1545 patients were randomly included.

The majority of pharmacists' sample (response rate=96.8%) confirmed that medicines' prices are crucial to Jordanians living in a lower middle income country who cannot afford prices increase, and paracetamol (the most commonly utilized OTC product in Jordan) price deregulation will lead to an increase in its price. However, most pharmacists tend to cooperate rather than compete in setting up OTC prices if deregulated. Moreover, most of the patients' samples (response rate=96.6%) confirmed that paracetamol price deregulation will not decrease its price. The study concludes that prices of paracetamol products are to increase if deregulated. Given current Jordanian economic situation, it is recommended that OTC drugs' prices should be kept controlled.

Keywords: Price Deregulation, Over the Counter Drugs, Paracetamol, Jordan.

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Introduction

Pharmaceutical expenditures have been rising rapidly in most advanced as well as developing countries, including Jordan; a lower-middle income country, leading policymakers in the pharmaceutical field to look for ways to control escalating drug expenditures.¹⁻³ Internationally, the pharmaceutical market has been increasingly targeted by different kinds of regulations using price, volume and spending controls such as price regulation for pharmaceuticals.⁴

Open market economies encourage the use of pharmaceutical pricing strategies that follow a free pricing i.e. deregulation (no control) policies such as the United States of America (USA) which accounts for 48% of the pharmaceuticals' sales worldwide.⁵ Indeed, free pricing serves the pharmaceutical Research and Development (R&D) companies to generate investments pay-backs. However, if price controls are applied, for instance, in the USA (that is responsible for 53% of the world's pharmaceutical R&D), investment in R&D by the industry will be reduced by 23.4% - 32.7%.⁶⁻⁸

1. BPharm, International Business Program, Faculty of Business, University of Jordan, Amman, Jordan.

2. PhD, Associate Professor, Head of the Department of Business Economics, Faculty of Business, University of Jordan, Amman, Jordan.

3. BPharm, MBA, PhD, Assistant Professor, Pharmacoeconomist, Assistant Dean for Training Affairs, Biopharmaceutics and Clinical Pharmacy Department, Faculty of Pharmacy, Scientific Research Documentation Office Director, University of Jordan, Amman, Jordan, ISPOR, Jordan local chapter president.

* Correspondence should be addressed to:

Ibrahim Alabbadi, MBA, PhD

Faculty of Pharmacy, University of Jordan, Amman 11942 Jordan

E-mail: iabbadi@ju.edu.jo

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On the other hand, in some European countries, different pricing policies were observed; in Germany, Netherlands and Sweden pharmaceutical products are reimbursed based on previously agreed reference prices (RP).^{1, 9, 10} Moreover, in the United Kingdom (UK), the government regulates the prices of drugs by controlling the profits of the pharmaceutical industry through Pharmaceutical Price Regulation Scheme (PPRS).¹¹ In Australia, the pharmaceutical policy utilizes price control mechanisms such as RP, which has been consistently criticized by the pharmaceutical industry being an impediment to drug innovation and industry growth.¹² In Jordan, like other Middle East countries, pharmaceutical products' prices including Over The Counter (OTC) products are regulated by the regulatory authority; the Jordan Food and Drug Administration (JFDA).¹³ The pricing committee of the JFDA is in charge of setting prices of medications for sale in community as well as private hospital pharmacies based on a published set of rules and regulations.^{13, 14} The latter exclude Para-pharmaceuticals such as vitamins, minerals and herbal medications which are freely priced in Jordan since June 30th, 2005.¹³ However, selling pharmaceuticals in Jordan is restricted to pharmacies; those are mostly small in size and personally run by the pharmacy owner with the exception of newly structured chain pharmacy groups (11 chains are available now in Jordan, the largest has established 41 outlets since 2001).

The aim of this study was to investigate the effect of applying OTC products' price deregulation policy in Jordan considering paracetamol (the most commonly utilized OTC product) as an example. The results will inform pharmaceutical policy makers in the JFDA to take a decision whether it deregulates OTC prices or not.

Methodology

Two questionnaires were designed; one for pharmacists working in community pharmacies (retailers) and the other for patients (consumers) visiting those pharmacies according to a (5-points Likert's scale) in which choices were: strongly

agree, agree, not sure, disagree and strongly disagree; that were numerically converted into 5, 4, 3, 2 and 1, respectively, in which 3 was considered the midpoint.¹⁵ The questionnaires were validated by experts and academicians in pharmaceutical pricing, and then a pilot study was conducted on a randomly selected 10 pharmacists and 50 patients.

The resultant revised questionnaires were sent out for: pharmacists working in 311 pharmacies (representing 26% of the total potential pharmacies in Jordan) randomly selected after a cross-sectional classification of all Jordan's pharmacies based on demographic, geographic and economic (pharmacy daily sales values) factors. The other questionnaire was sent out for: 1500 patients i.e. five patients for each selected pharmacy, randomly selected.

Descriptive statistical analysis was performed for both including: Frequency (f), Mean (m), Standard Deviation (SD) and percentiles, t-test (t) for the two means was performed at P-value of 0.05 for all answers.

Results

Pharmacists Questionnaire Results

The majority (301 pharmacists) completed the questionnaires (96.8% response rate) in which 78.5% of surveyed pharmacies were geographically located in the middle area of Jordan.

Results showed that if OTC price deregulation policy is to be applied in Jordan, almost two thirds of the pharmacists (194 pharmacists, 64.4% [Question 3-b, Table 1]) confirmed that Panadol® (paracetamol originator brand available in Jordan) prices will go up, while only 34 pharmacists (11.3%) thought it will not. The same confirmation was observed for other generic preparations of paracetamol (207 pharmacists, 69% [Question 3-c, Table 1]). The majority of the responders (286 pharmacists, 95.1% [Question 1, Table 1]) considered price as crucial to people when buying medications, i.e. they are price sensitive. Moreover, 169 pharmacists (56.8%)

believed that patients in their areas cannot afford pharmaceutical price increases while 73 pharmacists (24.5%) thought they can [Question 4, Table 1].

Also, results showed that most pharmacists believed that patients have no choice but to buy higher priced OTC medications if increased [Question 7, Table 1] particularly Panadol® as more than half of the surveyed pharmacists (56.2%) believed that patients will buy Panadol® at higher prices while only 53 pharmacists (17.7%) thought they will not [Question 7-b, Table 1]. On the other hand, 112 pharmacists (37.5%) thought that patients will buy branded generic paracetamol at higher prices while 95 pharmacists (31.8%) thought they will not [Question 7-c, Table 1]. Furthermore, more than

one third of the pharmacists (109; 36.5%) believed that the amount of increase of paracetamol prices, if deregulated, is expected to reach 30% more than the current prices, while 82 pharmacists (27.5%) did not [Question 5, Table 1].

In case of paracetamol price deregulation, 21.3% of pharmacists will set a new price for paracetamol, while 59.6% prefer to follow other pharmacies ongoing prices [Question 6, Table 1]. Also, 133 pharmacists (44.5%) agreed on that; to increase their profits, they usually try to sell highly priced products [Question 8-a, Table 1], and 199 pharmacists (66.3%) expected that other supply chain members (manufacturers and distributors) will try to do the same [Question 8-b, Table 1]. Detailed results of pharmacists' questionnaires are shown in Table (1).

Table (1): Pharmacists questionnaire responses.

Question	Strongly agree (%)	Agree (%)	Not sure/Neutral (%)	Disagree (%)	Strongly disagree (%)	Mean (m)	Standard Deviation (SD)	
1. Do patients care about prices in your area?	163 (54.2)	123 (40.9)	5 (1.7)	8 (2.7)	2 (0.7)	4.45	0.72	
2. Do you agree on increasing paracetamol prices if JFDA allows you to do so?	14 (4.7)	71 (23.7)	68 (22.7)	102 (34.1)	44 (14.7)	2.70	1.13	
3. Do you expect that OTC-drugs price deregulation policy will lead to an increase in prices of:	a. All paracetamol products? (calculated)	55 (18.1)	146 (48.6)	68 (22.7)	27 (9.0)	5 (1.7)	3.73	0.84
	b. Panadol products?	57 (18.9)	137 (45.5)	73 (24.3)	28 (9.3)	6 (2.0)	3.70	0.95
	c. Generic paracetamol products?	52 (17.3)	155 (51.7)	63 (21.0)	26 (8.7)	4 (1.3)	3.75	0.89
4. In your area and in case of paracetamol prices increase, do you think patients can afford this price increase?	8 (2.7)	65 (21.8)	56 (18.8)	114 (38.3)	55 (18.5)	2.52	1.11	
5. In case of price increase after price deregulation, do you expect the increase to be high in your area (more than 30%)?	15 (5.0)	94 (31.5)	107 (35.9)	70 (23.5)	12 (4.0)	3.10*	0.95	
6. Following price deregulation, if you were informed by media that other pharmacies in the Kingdom have increased or decreased paracetamol prices, are you going to follow other pharmacies pricing?	34 (11.2)	146 (48.4)	58 (19.3)	50 (16.8)	13 (4.3)	3.45	0.87	
7. In your area, do you expect patients will buy:	a. Any paracetamol product at a higher price? (calculated)	25 (8.4)	115 (38.5)	85 (28.5)	62 (20.6)	12 (4.2)	3.26	0.87
	b. Panadol products at higher prices?	31 (10.4)	137 (45.8)	78 (26.1)	44 (14.7)	9 (3.0)	3.46	0.97
	c. Generic paracetamol products at higher prices?	19 (6.4)	93 (31.1)	92 (30.8)	79 (26.4)	16 (5.4)	3.07*	1.02
8. In case of OTC-drugs prices increase; the following will increase the prices in order to achieve higher profits:	a. Pharmacies?	28 (9.4)	105 (35.1)	56 (18.7)	91 (30.4)	19 (6.4)	3.11*	1.13
	b. Dealers and manufacturers?	58 (19.3)	141 (47.0)	55 (18.3)	42 (14.0)	4 (1.3)	3.69	0.98

Patients (Consumers) Questionnaire Results

Most of the patients surveyed (1493, 96.6%) completed the questionnaires in which 57% were males and 43% were females and 73% were within 20-40 year age group. Of those, 1172 (78.5%) were from the middle area of Jordan; matching the pharmacies' sample surveyed. Most of the surveyed patients are of lower middle income and 47.5% of them are holding a first degree, and half of them (49.6%) need to walk at least 100 meters to reach a second pharmacy as an alternative.

Although the majority of the patients (75%) are not working or have relatives working in the medical field, they are aware of replacing the originator paracetamol brand (Panadol®) as well as the most widely locally manufactured and sold branded generic paracetamol (Revanin®) by other generic paracetamol preparations.

In case of deregulation, it seems that there is a general belief that paracetamol price will go up as more than two thirds of the surveyed patients (1020, 68.4%) believed that pharmacists will increase Panadol® prices, and 868 patients (58.3%) believed that pharmacists will increase generic paracetamol prices as well [Question 3-b and 3-c, Table 2]. Moreover, 800 patients (53.7%) believed that pharmacists will not decrease Panadol® prices, while 682 patients (46%) believed that they will not decrease generic paracetamol prices [Question 1-a and 1-b, Table 2]. However, 52% (771 patients) realized that higher prices of OTC medications would not necessarily be a result of a better manufacturing quality [Question 2, Table 2] and 70% of the surveyed patients believed that currently available paracetamol preparations in Jordan (Panadol®, Revanin® and others) do not deserve higher prices [Question 11, Table 2]. Almost one third (34.2%) considered paracetamol a vital product; however, 36.6% are ready to stop buying it if its price will go up [Question 6, Table 2].

Regarding affordability in case of price increase, results showed that the majority (73%) of patients cannot afford more than 30% increase of paracetamol preparations prices [Question 5-b, Table 2]. At the same time, almost (55%) of the patients will negotiate this price with retailers [Question 8, Table 2]. This may lead pharmacists not to increase paracetamol prices when deregulated according to 44% of patients' opinions [Question 12, Table 2]. Detailed patients' survey results are shown in Table (2).

Pharmacists-patients Responses Correlation

The results of the two surveys showed a kind of harmonization telling that paracetamol price deregulation in Jordan will lead to an increase in its price (mean \pm SD = 3.73 \pm 0.841 [pharmacists' survey] and 3.74 \pm 0.831 [patients survey]), the difference between the two means of the pharmacists' and patients' responses is statistically non-significant indicating that paracetamol products' prices are expected to increase (Table 3).

Similar expectations were noted regarding patients' affordability toward price increase (mean \pm SD = 2.52 \pm 1.105 [pharmacists' survey] and 2.51 \pm 1.246 [patients survey]) in which the difference is statistically non-significant indicating that patients are unable to pay more to buy paracetamol (Table 3).

Table (2): Patients questionnaire responses.

Question		Strongly agree (%)	Agree (%)	Not sure/ Neutral (%)	Disagree (%)	Strongly disagree (%)	Mean (m)	Standard Deviation (SD)
1. Do you expect that prices will be reduced in pharmacies for:	a. All paracetamol products? (calculated)	53 (3.5)	157 (10.6)	536 (36.1)	457 (30.7)	284 (19.1)	2.49	0.86
	b. Panadol products?	73 (4.9)	139 (9.3)	478 (32.1)	440 (29.5)	360 (24.2)	2.41	1.10
	c. Generic paracetamol products?	32 (2.2)	176 (11.9)	593 (40.0)	474 (32.0)	208 (14)	2.56	0.95
2. If Panadol price is deregulated and deregulation leads to a price increase, do you expect this increase in Panadol price is due to a better manufacturing quality?		32 (2.2)	172 (11.6)	506 (34.2)	495 (33.4)	276 (18.6)	2.45	0.99
3. If OTC-drugs prices were deregulated, do you expect that prices will rise in pharmacies for:	a. All paracetamol products? (calculated)	381 (25.6)	563 (37.7)	375 (25.2)	126 (8.4)	46 (3.1)	3.74	0.83
	b. Panadol products?	500 (33.5)	520 (34.9)	306 (20.5)	124 (8.3)	42 (2.8)	3.88	1.06
	c. Generic paracetamol products?	263 (17.7)	605 (40.6)	444 (29.8)	127 (8.5)	50 (3.4)	3.61	0.98
4. In case of paracetamol price deregulation, and if price increased, can you afford the price increase for Panadol or its alternatives?		60 (4.0)	267 (17.9)	361 (24.2)	470 (31.6)	333 (22.3)	2.51	1.25
5. Can you afford the increase of paracetamol prices at:	a. Around 30%?	24 (1.6)	200 (13.5)	293 (19.8)	505 (34.0)	462 (31.1)	2.21	0.96
	b. More than 30%?	24 (1.6)	114 (7.7)	263 (17.7)	512 (34.4)	574 (38.6)	1.99	1.01
6. Are you able to stop buying Panadol/ Revanin or other alternatives?		147 (10.0)	390 (26.6)	430 (29.2)	324 (22.1)	177 (12.1)	3.02*	1.41
7. If price deregulation policy is issued, will you instantly buy paracetamol (if needed)?		64 (4.3)	278 (18.7)	569 (38.2)	377 (25.3)	201 (13.5)	2.75	1.04
8. Are you going to negotiate the pharmacist for a lower price?		250 (16.8)	561 (37.9)	296 (20.0)	253 (17.1)	122 (8.2)	3.38	1.19
9. Are you going to search for a cheaper price in other pharmacies?		360 (24.1)	642 (43.1)	242 (16.2)	161 (10.8)	86 (5.8)	3.69	1.12
10. Do you think paracetamol of any brand deserves a price higher than its current price? (calculated)		36 (2.4)	98 (6.6)	286 (19.2)	679 (45.7)	388 (26.1)	2.14	0.82
11. Do the following products deserve a higher price:	a. Panadol	44 (3.0)	92 (6.2)	301 (20.2)	665 (44.7)	385 (25.9)	2.16	0.98
	b. Revanin	35 (2.3)	112 (7.5)	258 (17.3)	692 (46.4)	394 (26.4)	2.13	0.97
	c. Other generic paracetamol products	30 (2.0)	89 (6.0)	300 (20.2)	680 (45.9)	384 (25.9)	2.12	0.93
12. If price deregulation policy for OTC-drugs is issued, do you think that you have a role in increasing or decreasing the price?		237 (16.0)	413 (27.8)	415 (28.0)	274 (18.5)	145 (9.8)	3.22	1.20

Table (3): Difference between the two means for paracetamol prices increase and patients' affordability for the expected increase.

		Will free pricing increase paracetamol products' prices?	Can patients afford the price increase?
Pharmacists (supply)	Sample size (n1)	301	298
	Mean	3.73	2.52
	SD	0.84	1.11

Patients (demand)	Sample Size (n2)	1493	1491
	Mean	3.74	2.51
	SD	0.83	1.25
t		-0.19	0.13

* 95% significance is met at $t=1.96$

Discussion

The high percentage of the surveyed pharmacies was geographically located in the middle area of Jordan. The latter was somehow going with the diversification of the geographical distribution of the Jordanian population, in which 62.9% of Jordanians were living in the middle area, accounting for 74.6% of Jordan's total business.¹⁶ Although the total expenditure on health in Jordan was 10.5% of GDP (the per capita GDP was 2,766.4 US\$ in 2007 which is considered a small amount when compared with developed countries), pharmaceutical spending accounts for 30% of the total health expenditure (a high percentage when compared to international percentages),¹⁷ this indicates that Jordanians are price conscious with limited buying power in which there is a need to control prices in a way or another.

Paracetamol was selected in this study as the market leader holding a 10% share of sales of all the available OTC products in Jordan, and about 13.5% of the value of the total imported/manufactured OTC pharmaceutical products in Jordan in 2006.¹³

Some European countries deregulated OTC products prices long time ago, for example Norway (1995) and recently Germany (2004) in which no significant reduction in OTC prices has been observed. Also, drug expenditure increased in Iceland after OTC price deregulation was adopted in 1996.^{18, 19}

Although deregulating vitamins, minerals and herbal medicinal products in Jordan did not reduce their prices, a decision was about to be made by the JFDA early in 2007 to start deregulating all paracetamol preparation prices aiming to increase competition among more than 45 suppliers of the 107 available paracetamol

dosage forms that ultimately will reduce prices.

As there are no consultation fees for pharmacists working in pharmacies in Jordan, and as there is a fixed mark-up for all regulated medicines (21.6%), pharmacists usually tend to increase their profits by trying to sell more expensive products.¹³ This may be considered one of the reasons why deregulation will lead to a price increase. Moreover, based on the results of this research, it seems that pharmacists may tend to cooperate, or collude, rather than compete when setting prices for paracetamol products [Question 6, Table 1]; leading to higher prices due to the absence of competition in such a case.

Conclusion

It has been concluded that patients would be better off if OTC prices continue to be regulated. Yet, price regulation is the policy that will ensure patients' access to OTC medications at affordable prices.

This research recommends the application of pharmacoeconomic methods and evaluations in practice in order to inform healthcare decision makers in the Middle East and other developing countries about the best use of already scarce available resources.

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أثر قرار عدم تحديد أسعار الأدوية التي تصرف دون وصفة طبية في المستهلك الأردني (الباراسيتامول كمثال)

علي المعاعية، أحمد العوران، ابراهيم العبادي

الملخص

تستخدم بلدان العالم المختلفة سياسات متعددة لتسعير الأدوية، إذ تستخدم سياسات واستراتيجيات للتسعير بما يتناسب وطبيعة سوق البلد، وهي تهدف بشكل عام إلى ضبط وحصر الزيادات المشهودة في حجم الإنفاق على الأدوية. ويهدف هذا البحث إلى تقييم ما سيؤول إليه الحال إذا تم تطبيق سياسة تعويم أسعار الأدوية التي تصرف دون وصفة طبية في الأردن، وعلى وجه الخصوص السعر المتوقع لعقار الباراسيتامول عند تطبيق هذا القرار. وقد تم تصميم استبانتين: الأولى استهدفت الصيادلة وهم أصحاب الصيدليات الخاصة أو القائمون عليها والثانية استهدفت المواطنين. وتم اختيار الصيدليات بطريقة العينة العشوائية والبالغ عددها 311 صيدلية، وتم اختيار المواطنين المراجعين للصيدليات المختارة أيضاً بطريقة العينة العشوائية والبالغ عددهم 1545 مواطناً. تم جمع 301 استبانة من أصل 311 للصيدلة (نسبة الاستجابة = 96.8%) وأشارت النتائج إلى أن الصيادلة يعتقدون أن أسعار الأدوية ذات أهمية كبيرة للمواطن الأردني، خاصة الذي لا يستطيع تحمل الزيادات السعرية في حال تم تعويم أسعار الباراسيتامول (الأكثر استخداماً من بين الأدوية التي تصرف دون وصفة طبية)، ذلك أن أسعار هذا العقار ستؤول للارتفاع. وقد ظهر أن الصيادلة سيتعاونون لتحديد سعر جديد بدلاً من أن يظهر التنافس بينهم وتخفض الأسعار. أما استبانة المواطنين، فقد تم استرداد 1493 استبانة من أصل 1545 (نسبة الاستجابة = 96.6%) وتشير النتائج إلى أن المواطنين يؤكدون أن تعويم أسعار عقار الباراسيتامول في الأردن لن يؤدي بحال من الأحوال إلى تخفيض سعره من قبل الصيادلة. وقد تم جمع البيانات وتحليلها باستخدام برنامج (SPSS)، واستخراج التكرارات والمتوسطات الحسابية والانحرافات المعيارية والنسب المئوية إضافة إلى اختبار (t) لكل من أسئلة الدراسة على حدة ونسبة خطأ 5%. وخلصت الدراسة إلى أن أسعار الأصناف المختلفة لعقار الباراسيتامول سترتفع إذا تم تعويمها في صيدليات الأردن. وتوصي الدراسة بأنه وفي ظل الظروف الاقتصادية الراهنة في الأردن، فإن الخيار الأفضل هو إبقاء سياسات تسعير الأدوية التي تصرف دون وصفة طبية على حالها، حتى يتمكن المواطنون من شراء هذه السلعة الضرورية عند الحاجة إليها.

الكلمات الدالة: عدم تحديد الأسعار، الأدوية التي تصرف دون وصفة طبية، الباراسيتامول، الأردن.