

Discussion of:
Information Distortion in Label Design in the Over-the-Counter Drug Market

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Feb 2026

FTC BE Micro Conference

What are we talking about?: Excedrin Headaches!



► This paper is really about **Excedrin** the migraine treatment that is (250mg Acetaminophen, 250mg Aspirin, 65mg Caffeine)

- Sometimes this is labeled as **“Migraine”** (3% share) sometimes as **“Extra Strength”** or something else **“Tension Headache”**, etc. (6.6% share)
- Split is 2/3 branded, 1/3 private label (CVS, Walgreens, etc.)

► Tylenol sells Acetaminophen on its own (often in 500mg tablets) – around 20% of the market.

► Remainder is Ibuprofen (Advil/Motrin 46%) and Naproxen (Aleve 16%)

Active ingredient(s)	Brand	Migraine	Revenue	Mean price	Unit share
<i>Acetaminophen</i>					
Acetaminophen	No	No	80,667,365.55	5.08	0.1197
Acetaminophen	Yes	No	84,462,384.85	7.33	0.0868
<i>Acetaminophen combinations</i>					
Acetaminophen/Aspirin	No	Yes	56,319.78	10.26	0.0000
Acetaminophen/Aspirin	No	No	16,911.00	5.78	0.0000
Acetaminophen/Aspirin	Yes	No	32.40	1.47	0.0000
Acetaminophen/Aspirin/Caffeine	No	Yes	7,698,290.19	5.46	0.0106
Acetaminophen/Aspirin/Caffeine	No	No	13,550,366.32	4.86	0.0210
Acetaminophen/Aspirin/Caffeine	Yes	Yes	22,184,750.22	7.73	0.0216
Acetaminophen/Aspirin/Caffeine	Yes	No	44,967,056.57	7.46	0.0455

Baseline: No Systematic Price Discrimination on Labels

Key descriptive fact (Figures 1–2): Excedrin Migraine and Excedrin Extra Strength have **identical formulations** but are sold as distinct products.

Current pricing behavior:

- ▶ Median store prices them identically $\sim 75\%$ of weeks
- ▶ Remaining weeks: roughly 50/50 split – migraine higher vs. extra strength higher
- ▶ Price wedge $\Delta \equiv (p_m - p_{es})/p_{es}$ is centered at zero with symmetric tails
- ▶ Consistent with **temporary sales**

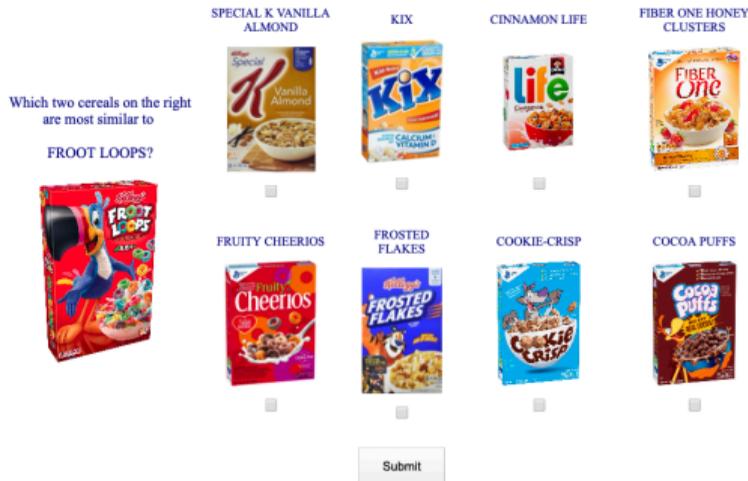
Why no discrimination at baseline?

Consumer confusion about efficacy means **noisy sorting** across labels – firms can't identify a high-WTP segment to target.

- ▶ 2DPD package size
- ▶ 3DPD loyalty cards (?)

Unobserved Embeddings/Characteristics: Magnolfi Maclure Sorensen (AEJM: 2023)

FIGURE 1: Sample survey page



What if we could first estimate **unobserved characteristics**?

- ▶ Is j more similar to k or l ?
- ▶ Use **embedding** procedure to calculate what amounts to a likelihood

$$\max_{\mathbf{X} \in \mathbb{R}^{m \times J}} \ln \left(\frac{f(\|x_l - x_j\|, \alpha)}{f(\|x_l - x_j\|, \alpha) + f(\|x_k - x_j\|, \alpha)} \right)$$

- ▶ Get a $m \times J$ matrix with m factors (embeddings).
- ▶ Idea: m is small (like 3-4). [2 in this paper!]

Demand and Supply Model

Demand

- ▶ Product Characteristics, brand, migraine label, number of pills, and price
- ▶ Demographics: age, gender, income, HH size, Bernoulli latent status r :
 $\{Headache, Migraine\}$
- ▶ Beliefs $\beta_r \cdot I[r = \{m, h\}] \cdot [x_{jt}, \hat{x}_j^{embed}]$
(everyone agrees!).
- ▶ RC on price $\alpha_i \sim N(-0.42, 0.199)$
should be **lognormal**.
- ▶ Other RC not significant (size and constant)
– but nothing for active ingredient!

Supply

- ▶ Standard Bertrand-Nash with constant marginal cost and a fixed cost of entry.
- ▶ But small products have inelastic demand $\varepsilon \approx -0.8$ so assume they are set as fraction of large packages(!)
- ▶ This is because logit is $\varepsilon = \alpha \cdot p_j \cdot (1 - s_j)$
and we don't have enough heterogeneity!
- ▶ We may need better cost-shifting IV (brand level elasticities seem low to me!)
- ▶ Unitizing prices by package size would flip the elasticities!

Counterfactual: Transparency Creates a New Discrimination Channel

Mechanism: Information treatments **resolve** efficacy confusion but **reveal** label preferences.

Step 1: Consumer response

- ▶ Consumers learn products are bioequivalent
- ▶ Price-sensitive consumers switch to cheaper label
- ▶ **Remaining buyers** of migraine label are those with high WTP for the label itself
- ▶ Demand for migraine label becomes **less elastic** among remaining buyers

Step 2: Firm response

- ▶ Firms observe less elastic residual demand for migraine label
- ▶ Raise migraine-label prices relative to extra strength
- ▶ **Two opposing forces:**
 - ↓ Cross-molecule competition \Rightarrow prices fall
 - ↑ Label loyalty exploitation \Rightarrow migraine premium rises
- ▶ Net effect: average prices fall, but price *gap* widens

Magnitude of the Price Discrimination Effect

Pr(Migraine label priced higher) in equilibrium:

Scenario	Mean
Baseline	0.43
Same Active Components	1.00
Same Effectiveness	0.97
Educational Material	0.40

Average price gap (migraine vs. extra strength):

- ▶ Same Active Components: **17**× baseline gap
- ▶ Same Effectiveness: **3**× baseline gap

Distributional concern

Who pays the migraine premium?

Group	Pr(migraine)
Young, low-income	0.53
Young, high-income	0.45
Old, low-income	0.36
Old, high-income	0.32

Young, low-income consumers have both the **highest migraine entry probability** and the **highest WTP** for migraine labels (Figure 10a). These are very large numbers (12-15%)!

Final Thoughts?

- ▶ Are embedding/characteristics a basis that explains beliefs about horizontal differentiation of products? or are they actual beliefs about effectiveness? (vertical component?)
- ▶ We probably want random coefficients for active ingredients
- ▶ We can unitize sales/prices or not, but the results might be quite different.
- ▶ Big Picture: Would FDA labeling (or FTC advertising) intervention raise prices for young, low-income, migraine sufferers? [Handel-like “information provision might be bad”, here because it improves segmentation of market]