

## **COPY STRATEGY**

### **I. TARGET MARKET**

The actual users of this product would be children between the ages of two and eleven. The consumers of this product would be adults (most likely moms and dads) who have children between these ages. It's a bit difficult to provide precise lifestyle descriptions because the product appeals to a wide array of consumers. However, I believe that this consumer would probably be a parent with young children closer to the age of two than 11 where administering medication would still be a problem.

### **II. TARGET MARKET'S OPINION OF TYLENOL**

According to findings by marketresearchworld.net acetaminophines are viewed favorably by consumers. Acetaminophines when used correctly have had few if any cases of serious complications or side effects. The low risk of harmful reactions or side effects has resulted in the drug being the most highly recommended OTC drug by pediatricians for minor aches and pains. This fact is especially important because parents of young children are more likely to be in contact with their pediatrician and seek advice for medical illness related to their children.

### **III. TARGET MARKET'S OPINION OF COMPETITORS**

Tylenol's major competition comes from two other companies: Advil and Bayer Aspirin. Fortunately for Tylenol, recent studies and recalls of rival medications has caused target consumers to lose trust in competitors. Non-steroidal anti-inflammatory drugs like aspirin, naproxen sodium, and ibuprofen work by blocking a substance that carries pain messages to your brain. The problem is that same substance also protects your stomach lining, and when NSAIDs block that substance, your stomach lining is more vulnerable to bleeding and irritation. Furthermore, NSAIDs may also start a reaction that may trigger a severe asthma attack in some asthmatics.

### **IV. WHERE WOULD TYLENOL LIKE TO BE IN THE MIND OF THE TARGET MARKET?**

Tylenol would like to be the first choice of parents faced with the problem of relieving pain, fevers, colds, and flu in their children. The product is positioned as being the safest OTC for children when used properly.

## V. CONSUMER PROMISE

Tylenol promises that when used correctly, Tylenol is the safest choice.

## VI. SUPPORTING EVIDENCE

- Gentle on stomachs
- Low chance of interaction with other medications
- Ok for use by asthmatics
- Eases the trouble of giving children medication
- Rated most safe by doctors, pharmacists, and consumers

## VII. TONE OF VOICE FOR ADVERTISING

The ads will have a mixture of related tones. Because the drug is supposed to appeal to parents with small children, the tones of warmth, family values, and mild guilt will be used. Along the lines of parents who care for their kids, would want to do all they can to ease their child's pain. But that's not enough, they also want to protect them and ensure that whatever medication they administer will not cause further harm.

## SECONDARY RESEARCH

### ABOUT TYLENOL

Tylenol is thought to work by elevating the body's overall pain threshold, so that you feel less pain. Non-steroidal anti-inflammatory drugs like aspirin, naproxen sodium, and ibuprofen work by blocking a substance that carries pain messages to your brain. The problem is that same substance also protects your stomach lining, and when NSAIDs block that substance, your stomach lining is more vulnerable to bleeding and irritation. Furthermore, NSAIDs may also start a reaction that may trigger a severe asthma attack in some asthmatics. Tylenol contains acetaminophen.

### Quick notes:

- Recommended for mild-to-moderate osteoarthritis pain.
- Recommended for non-narcotic analgesic of choice for episodic use in patients with underlying kidney disease.
- Recommended for first-line therapy for the aches and pains associated with colds and flu.
- Recommended for relieving mild-to-moderate musculoskeletal pain in people ages 50 and older.
- When used as directed, Tylenol is the safest type of pain reliever you can buy.
- Tylenol won't irritate your stomach the way that aspirin or even ibuprofen sometimes can.
- Tylenol is unlikely to cause allergic reactions.

Medications are divided into categories according to user and usage:

Adult: Pain, Allergy/Sinus, Colds/Flu and Sleepiness influenced by pain (37 choices)

Children/Infants: Pain and Colds/Flu (14 choices)

Website provides a lot of information about what medication should be taken for symptoms.

### ABOUT COMPETITORS (NSAIDS)

Tylenol's competition would be other companies that make pain relief medications.

**Advil:** Offers 8 adult medications and 3 products for children/infants, some of which are for pain others for cold/flu. They compete on being fast acting and long lasting. Advil is an ibuprofen.

**Bayer Aspirin:** Bayer offers medication for pain and heart disease. They compete mostly on their medication being used as a part of an aspirin regimen/useful in the event of a heart attack. Bayer is an Aspirin.

**Motrin:** Motrin 2 adult medications and 4 non-adult medications. They compete on being strong and fast acting. Motrin is an ibuprofen.

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## **Canadians unaware of risks in some pain relievers** ([www.pollara.ca](http://www.pollara.ca))

TORONTO - The majority of Canadians are unaware of the health risks posed by certain common pain relievers, according to a national survey released today. More than three-quarters (76 per cent) are unaware that certain common pain relievers can cause serious gastrointestinal side effects, particularly stomach bleeding and ulcers. The survey showed that Canadians generally do not distinguish among different pain relievers, particularly a group known as non-steroidal anti-inflammatory drugs (NSAIDs). The survey was conducted by the national public opinion research firm Pollara, for McNeil Consumer Healthcare, to assess Canadians' awareness and behaviours when using non-prescription pain relievers. The results highlight the need for better education of consumers about differences between NSAIDs and non-NSAIDs. Medications in the NSAID family include acetylsalicylic acid (ASA -- the active ingredient in Aspirin(x)), and ibuprofen (the active ingredient in Advil(x)). Acetaminophen (the active ingredient in Tylenol(x)) works differently and is not part of the NSAID family. While NSAIDs are among the leading causes of stomach irritation and ulcers, only four per cent of Canadians say they are "concerned" about possible side effects from pain relievers. Despite Canadians' overwhelming confidence in pain relievers, 18 per cent of the people surveyed say they have suffered a side effect from ASA, predominantly heartburn or stomach irritation (57 per cent). Comparatively, nine per cent of acetaminophen users say they experienced a side effect, most commonly nausea, which is often linked to the headache itself.

International research confirms that users of NSAIDs suffer more side effects than do people who use other non-prescription pain relievers. A recent study at Stanford University, led by Clinical Assistant Professor of Medicine Dr. Gurkirpal Singh, showed that non-prescription ibuprofen has a gastrointestinal side effect rate more than four times greater than acetaminophen. ASA's side effect rate is three-and-a-half times greater than acetaminophen.

"Doctors are well aware of the risks with NSAIDs, and will generally caution patients before they use ibuprofen," said Dr. Paul Whitsitt, a Toronto-area family physician who has conducted research on pain management for headache and arthritis. "These are generally safe products, but people need to be aware of the risks, particularly if they have a history of stomach bleeding or bleeding disorders."

When asked which group of medications were safest, only 24 per cent identified that non-NSAIDs, such as acetaminophen, were safest. Fourteen percent answered NSAIDs, while 31 per cent said they are equally safe, and a full 30 per cent said they "don't know". More specifically, the survey shows that only 23 per cent are aware of the fact that ibuprofen increases the risk of stomach irritation, while 50 per cent are aware of that risk with ASA. Given an increasing trend toward self-care in Canada, consumers should remember that health professionals remain a source of valuable information about medications.

### **Information leads to safer medication use**

One of the key findings in the survey is that 51 per cent of Canadians have taken more than one prescription or non-prescription medication on the same day, yet 61 per cent of those people do not always check with their doctor or pharmacist about possible interactions. Side effects from pain relievers are more common among people who combine medications (63

per cent), and who take the medication beyond the recommended five days (28 per cent). "Checking the package for dosing and safety information sounds simple, yet some people are still not doing it," said Dr. Whitsitt. "Even if you've used a product for 10 years, other factors in your own health may have changed, so you need to be checking the label to keep up to date."

Overall, 96 per cent of Canadians agree that failing to read the instructions is a "significant" or "somewhat of a" health risk. Fifty-two per cent of those who use pain relievers say they read the instructions carefully, including the label, insert and dosage explanation and warnings. Another third (33 per cent) say they skim the instructions, while 13 per cent admit they do not generally read the instructions.

Seniors and women are most likely to read the label and package insert carefully, at 63 per cent and 61 per cent respectively. Reading the package information is especially important for seniors because the possibility of drug interactions is greater. All consumers, however, should read information on the label and package insert to make sure the pain reliever they choose is right for them.

#### **Acetaminophen rated most safe by doctors, pharmacists and consumers**

According to the survey, acetaminophen is the pain reliever recommended most often by both physicians and pharmacists. More than half (55 per cent) of those surveyed have been recommended acetaminophen by their health professional, compared with 35 per cent for ibuprofen and 23 per cent for ASA. Perhaps because of these recommendations, Canadians perceive acetaminophen to be the safest pain reliever -- 92 per cent say either very or somewhat safe. This is supported by data from McNeil that shows Tylenol(x) is the number-one choice of pain reliever among consumers, physicians and pharmacists. "All pain relievers are not created equal," said Dr. Whitsitt. "Canadians need to make informed choices about the pain relievers they use, and safety has to play a role in those decisions. Acetaminophen, when used as directed, has the most balanced profile between effectiveness and safety."

The survey included 1,073 Canadians who have used a non-prescription pain reliever in the past year, and is accurate within  $\pm 3.2$  per cent, 19 times out of 20.

**New Innovative Product From The Makers Of Children's TYLENOL® (Acetaminophen) Allows Parents To Customize The Flavor Of Their Child's Medicine At Home** ([www.jnj.com](http://www.jnj.com))

National Survey Finds More Than 65 Percent of Parents Have Experienced Difficulty Administering Medicine to Their Children

Fort Washington, PA (May 15, 2006) – The makers of Children's TYLENOL® (acetaminophen) today announced that they have developed an innovative product that allows parents to customize the flavor of their child's medicine to match their taste preference. Children's TYLENOL® with Flavor Creator addresses the common problem parents have in getting their children to take the medicine they need. In a recent Harris Interactive® survey of more than 1,000 parents, more than 65 percent indicated they have experienced difficulty getting their children to take liquid suspension medication, and 62 percent noted that the taste of certain medicines is their children's primary complaint.

"There are clear instructions that educate parents about the appropriate dose of medicine to administer to their child, but when children are resisting because of the taste, administering that appropriate dose can be a problem," said Dr. Tanya Remer Altmann, pediatrician and clinical instructor at the Mattel Children's Hospital at UCLA. "This product helps parents get their children to take the medicine they need to feel better."

With four flavor combinations to choose from, Children's TYLENOL® with Flavor Creator makes administering medicine for fever and pain easier for parents. Each pack of Children's TYLENOL® with Flavor Creator contains one bottle of Children's TYLENOL® Liquid Suspension Cherry Blast flavor and twenty sugar-free packets of four different flavors: bubblegum (eight), chocolate (four), apple (four) and strawberry (four). Kids pick the flavor combination they want. Parents simply pour the appropriate amount of medicine into the dosing cup and add the crystals to create the flavor that meets their child's taste. For children, the most important part of the medicating process becomes selecting the flavor. For the parents the most important part remains the same: making sure that their child gets the medicine they need. This means reading the instructions carefully and calculating the correct dose based on their child's weight or age.

"Each one of my children is different; they all have with their own likes and dislikes. It's very challenging for me to get them to take medicine when they don't like the taste. Struggling with them over taking medicine when they are sick can be upsetting to all of us, so I am always looking for ways to make giving them their medicine less stressful," said Maureen Lipscomb, mother of seven-year-old quadruplets. "Allowing them to have a say in what the flavor of their medication will be makes medicine time less challenging because they are less likely to resist taking their medicine when they need it most."

Children's TYLENOL® with Flavor Creator utilizes responsible, child-resistant packaging, and Children's TYLENOL® with Flavor Creator flavor crystals contain no active ingredients. As always, medication should be kept out of reach of children.

To learn more about Children's TYLENOL® with Flavor Creator, or to view an online demonstration of the product, visit [www.tylenol.com](http://www.tylenol.com).

### **About Children's TYLENOL® (acetaminophen) with Flavor Creator**

Children's TYLENOL® with Flavor Creator, which contains the active ingredient acetaminophen, temporarily relieves minor aches and pains (due to the common cold and flu, headaches, sore throat and toothache) and fever. Children's TYLENOL® with Flavor Creator should only be used for children two to 11 years of age. For children under the age of two, consult a doctor. The use of flavor crystals in combination with a doctor-recommended dose less than one teaspoon is not recommended. Children's TYLENOL® remains the number one recommended brand of pain reliever by pediatricians.

McNeil Consumer Healthcare Division of McNeil-PPC, Inc., markets a broad range of well-known and trusted over-the-counter (OTC) products around the globe. McNeil Consumer Healthcare is most widely recognized for the complete line of TYLENOL® acetaminophen products, the leading pain reliever brand in the adult and pediatric categories. The TYLENOL® product line consists of hundreds of products across a variety of pain categories including: osteoarthritis, sleep and upper respiratory. Other McNeil Consumer Healthcare brands include IMODIUM® A-D (loperamide HCl and simethicone) anti-diarrheal, which is marketed in more than 60 countries, ST. JOSEPH® Adult Regimen Aspirin and MOTRIN® IB (ibuprofen).



## At 50, Tylenol's reputation still good (findarticles.com)

TRENTON, New Jersey -- Tylenol, originally a pain reliever for children, has hit middle age.

The world's best-known acetaminophen brand turns 50 today, and it's more popular than ever, in part because of its reputation as the safest nonprescription pain reliever. Even a fatal 1982 poisoning scare barely hurt the brand -- and introduced tamperproof packaging.

Already in medicine cabinets in 70 percent of U.S. households, Tylenol now is seeing sales jump amid concern over the risks of other painkillers. Sales have grown by double digits since last fall, according to Tylenol maker McNeil Consumer & Specialty Pharmaceuticals.

"It's become the fastest-growing pain reliever in 2005," said Ashley A. McEvoy, general manager of McNeil Consumer, part of health care conglomerate Johnson & Johnson.

Tylenol sales are up about 9 percent in 2005's first nine months, after holding or declining slightly the three years before, according to Chicago market research firm Information Resources Inc. Sales last year totaled \$786.5 million, but IRI doesn't track sales to hospitals, nursing homes or Wal-Mart Stores.

One reason for growing sales is that since September 2004, popular prescription painkillers Vioxx and Bextra were pulled from the market because of increased risk of heart attack and stroke. Earlier this year, the Food and Drug Administration warned other anti-inflammatory drugs carry such risks.

Tylenol is in a separate drug class from anti-inflammatories such as Vioxx, ibuprofen and naproxen. Compared with those drugs and aspirin, Tylenol is less likely to interact with other medications, irritate the stomach or cause internal bleeding, and is safe for patients with common conditions such as heart disease and diabetes.

"Doctors and patients are confident they won't have these kinds of complications," said Dr. Michel Dubois, director of research at the New York University Pain Management Center. "That's why it has been so popular."

Dubois said despite J&J's aggressive marketing, Tylenol is not the best choice for arthritis pain because it does not reduce inflammation. It also has a rare risk of liver damage at very high doses.

◀ A Harvard study released in August also found that Tylenol increased the risk of blood pressure problems on women. The research -- which involved 5,123 women participating in the Nurses Health Study at Harvard Medical School and Brigham and Women's Hospital in Boston -- found that aspirin still remains the safest medicine for pain relief. Acetaminophen had been used in Europe since 1893, but was little known in the United States when the Tylenol brand was launched in 1955. McEvoy said Tylenol was the first aspirin-free, non-narcotic pain reliever on sale in the country -- only available by prescription, for children and in liquid form. McNeil, acquired by Johnson & Johnson in 1959, rolled out the first Tylenol for adults in 1961.

Tylenol's biggest challenge, the 1982 cyanide tampering scare in Chicago that killed seven people, is considered "a case study of how to deal with a brand crisis," said Mark Bard, president of Manhattan Research. He said pharmaceutical companies such as Vioxx maker Merck & Co. and Bextra maker Pfizer Inc. "could learn some lessons from what happened 20 years ago."

J&J had its sales force remove 264,000 Tylenol bottles from Chicago area stores; consumers also were urged to return any Tylenol they had for a safe bottle, and prompt alerts from J&J and the FDA kept the public informed, recalled Dr. Anthony Temple, head of medical affairs for McNeil Consumer in 1982. "If you leave people in the dark, you have a real risk of them never being able to trust you" again, said Temple, now senior medical consultant for McNeil Consumer. It took just a few months to regain public confidence, he said.

Bard said it was worth it for Johnson & Johnson to spend around \$100 million (euro83.17 million) on the recall to save its brand, given that nonprescription drugs are on the market for decades, compared with prescription drugs that lose patent protection, and thus most of their sales, in 10 to 15 years at most.

The culprit was never caught, but McNeil prevented a recurrence by developing containers protected by multiple seals. "They made tamperproof packaging, which we take for granted today" on everything from nonprescription drugs to pickle jars, Bard said.

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## **Acetaminophen benefits from concerns surrounding safety** (marketresearchworld.net)

Sales of acetaminophen are rebounding in the US, due to safety concerns that have hit sales of certain competing analgesics, according to a new report from Euromonitor International – “OTC Healthcare in the USA”.

Americans' new found confidence in acetaminophen came after questions were raised over the safety of some analgesics. Studies in 2004 linked the use of Vioxx, an anti-inflammatory prescription drug, with an increased risk of heart disease, which led to the product being recalled. Then in April 2005, the US Food and Drug Administration asked Pfizer to recall Bextra, a similar prescription drug, and also warned that OTC non-steroidal anti-inflammatory drugs (NSAIDs), such as, Aleve, would need to carry stronger warnings in the future about the risks of heart attack, stroke, ulcers, internal bleeding and skin reactions.

Being in a separate drug class from anti-inflammatories, such as, ibuprofen and naproxen, meant that acetaminophen escaped public concern over safety and it managed to achieve growth of 4.3% between 2004-2005. It can be distinguished from these drugs, as it is less likely to interact with other medications or irritate the stomach. It is also considered safe for patients with conditions such as heart disease and diabetes. Meanwhile, most analgesics faced a difficult environment and the overall category struggled to achieve growth of 0.4%. In the same year, ibuprofen only reached 0.7% growth and ketoprofen and naproxen declined by 10% and 14.6%, respectively, according to Euromonitor International's research.

### **Tylenol capitalizes on safety scare**

Tylenol, owned by McNeil Consumer & Specialty Pharmaceuticals, is the most popular brand of acetaminophen, commanding a 14.2% share of the analgesics market, according to Euromonitor International. McNeil used the product withdrawals and the public's safety concerns as an opportunity to boost the performance of its Tylenol brand. The company increased its adspend in medical journals, reminding medical professionals about the safety of its products and introduced an ad campaign promoting its Tylenol Arthritis brand as “the preferred first-line of drug therapy for the pain of osteoarthritis”, while being gentle on the stomach. This marketing activity saw sales of the product increase by almost 18% in 2005.

Tylenol also introduced a re-engineered gelcap technology found in its new Tylenol Extra Strength Rapid Release Gels. McNeil worked hard with drug retailers to merchandise the product effectively and supported the launch with an extensive marketing campaign. As a result, McNeil managed to increase its value share of the US market by almost one percentage point in 2005.

### **Strong outlook for acetaminophen**

Euromonitor International predicts that acetaminophen will see average growth of nearly 2% a year over the next five years, which is strong in comparison to the rest of the analgesics sector. This is due to continued consumer concerns regarding OTC NSAIDs and the drug's favourable position as a safe pain reliever. The overall systemic, adult analgesics sector is

expected to achieve growth of only 0.8% per year between 2005-2010. Sales of ibuprofen will remain flat at 0.2% per year and ketoprofen and naproxen will continue to experience declines of 8.9% and 2.4% per year, respectively.

Despite poor performance for most analgesics, there is an optimistic outlook for Aspirin, which is forecast to grow by 1.4% per year over 2005-2010. This is due to the widespread use of aspirin for heart attack prevention and consumer trust in the product, as it, too, does not belong to the OTC class of NSAID's.

### **Tylenol Dosage Calculator (about.com)**

#### **How much Tylenol should you give your child?**

Unfortunately, most medications for younger kids don't include the appropriate dosage on their package inserts and labels. And when they do, they often include a large range of weights for each dose, so that the kids in the higher weight ranges tend to get underdosed.

This can either lead to frequent calls to your Pediatrician to get the correct dosage or that you might give your child the wrong dose, either too much or too little.

Our Tylenol Dosage Calculator will help you find the right dosage for your child.

- Enter the child's weight
- Date of Birth
- Type of Tylenol Medication

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## **Analgesics - US - June 2004** (www.theinfoshop.com)

Pub Time: 2004/06

The mature, \$2.2 billion internal analgesics market has declined 2.4% between 1998 and 2003, which translates into a decline of 13.5% at constant 2003 prices. While internal analgesics are likely to be found in almost every medicine cabinet in the country, overall sales have slipped in all categories. The growth of store brand is especially obvious in single-ingredient formulations that have been on the market for years such as acetaminophen (branded Tylenol) and ibuprofen (branded Advil, Motrin), but store brands are also keeping pace with the latest branded entrants such as naproxen (branded Aleve). While low dose aspirin therapy for heart health may push sales of acetylsalicylic acid (aspirin or ASA), there is also press being devoted to the over-use of analgesics. In 2004, the FDA focused efforts on its campaign to educate consumers about the risks associated with "over-use" of common pain relievers, which should make consumers more cautious about following proper analgesic dosage to relieve arthritis or inflammation. New research into the possible uses of analgesics as preventative therapies for Alzheimer's disease, stroke, breast cancer, and other health problems could help the market.

Of interest to consumers are a number of new products and formulations. "Targeted" analgesics, which are designed to treat a specific type of pain (e.g. Tylenol Arthritis, Advil Migraine) leverage new rulings from the FDA that allow additional ingredients and their benefits to be promoted on package labels. Hygroscopic (quick-release) products such as Excedrin QuickTabs dissolve in the mouth and do not require water, making analgesics portable and easier to use. Products formulated especially for infants and toddlers (Infant Motrin, children's chewable Tylenol) have also gained in popularity as more parents look for products that are "kid friendly" and effective.

This report examines the theory that over-the-counter internal analgesic sales will face future sales challenges. To counteract projected declines, analgesic manufacturers need a thorough understanding of consumer purchasing habits and attitudes. For example, alternative products and external analgesics are areas of increased interest among consumers. Manufacturers who are adjusting marketing strategies according to consumer opinion are the most likely to adapt to the changing analgesics market.

## SURVEY

1. Zip Code
2. Number of children
3. Ages
4. Who primarily handles taking care of your children when they are sick (cold, fever, allergies, etc.)?
5. Do you consult your pediatrician when your children are ill?
  - 5A. If yes, do you normally follow your pediatrician's suggestions?
  - 5B. If no, where do you get advice regarding children's medicine?

THE FOLLOWING QUESTIONS REFER TO OVER THE COUNTER MEDICATIONS:

6. When do you buy children's medication?
  - A. I purchase medication only when my children are sick.
  - B. I purchase medication when normally shopping and keep it in the house.
  - C. A little bit of both.
  - D. I don't buy medication, my kids take a nap, and wake up fine.
7. Where do you normally purchase medication for your children?
  - A. Pharmacy (Eckerd's, Duane Reade, Rite Aid, CVS)
  - B. Chain Store (Target, Wal-mart, K-Mart)
  - C. Supermarket
  - D. Online
8. How much does brand name affect your choice of medication?
  - A. I do not care about the brand, I buy the cheapest medication.
  - B. I only buy brand name medication.
  - C. I buy whatever my doctor/ the pharmacist recommends.
  - D. If the price is not too high, I buy whatever my doctor/ the pharmacist recommends.
9. Advertising affects my choice of medication.
  1. Agree
  2. Somewhat agree
  3. My choice is not affected by advertising.
  4. Somewhat disagree
  5. Disagree
10. What is your favorite brand of children's medication?

## SURVEY RESULTS

<b>1. Location</b> NE                    2 SE                    1 MW                   4 SW                    2 Canada              1	<b>6. When medication is purchased:</b> A                      2 B                      5 C                      3 D                      0
<b>2. No. of Kids</b> One                   4 Two                   4 <u>Three</u> 2 Total                  18 Avg.                   1 4/5	<b>7. Where medication is purchased:</b> A                      3 B                      3 C                      1 D                      1 (Split) A or C      1 (Split) A or B      1
<b>3. Ages</b> 2 or under        3 2+ to 6            7 6+ to 12          8	<b>8. Affect of Brand/price on purchase:</b> A                      1 B                      3 C                      4 D                      2
<b>4. Primary caregiver:</b> Female              8 Male                 1 Shared              1	<b>9. Effect of advertising on purchases:</b> A                      1 B                      1 C                      0 D                      8
<b>5. Consult Pediatrician:</b> Yes                   4 Depends            2 No                    4 <b>5A. Follow instructions:</b> Yes                   4 Depends            1 No                    0 <b>5B. Seeks advice elsewhere</b> Family/friend      2 Prior experience   3	<b>10. No of times brand was mentioned:</b> Advil                2 Benadryl            1 Dimetapp            1 Motrin                4 Reactine            1 Robitussin          2 Sudafed             1 Tylenol             2 None                 2 respondents

### FINDINGS

- Both male respondents do not normally consult a pediatrician when their child is sick.
- The respondents who normally consult their physician also follow advice given and purchase whatever medication is recommended.
- The respondents who do not consult their pediatrician, seek advice from friends/family or rely on prior experience.
- 80% of respondents do not purchase medication based on advertising.
- Although some fathers are involved in caring for sick children, the mother remains the primary parent for caring for sick children.
- The only respondent who purchases medication online was a male.
- Only one non-OTC brand was mentioned as a favorite. 80% of respondents had one or more favorite brands.

## REVISED COPY STRATEGY

After reviewing the results of the survey I conducted, I have decided to alter my strategy. The survey found that parents' buying decisions are not directly influenced by advertisements aimed directly at them. However, parents are more likely to purchase children's medications based on recommendations from trusted sources. Therefore, it makes more sense to target the people that have the clearest amount of influence on parents' decisions, pediatricians.

Placing these ads in regular magazines would be far too inefficient for ensuring that a large number of doctors see the ads. It would be better to place them in magazines that would be primarily read by doctors and/or pharmacists. I used Amazon.com's magazine subscription page to find medical magazines and read user reviews to better understand the type of person that would read the magazine. Taking this into consideration, I believe the following magazines would be best: Journal of the American Medical Association, American Family Physician, and US Pharmacist.

Medical journals tend to be overrun with overly dry and verbose prescription drugs ads. To have my ads stand out, I decided to make them simple in design with a bit of light humor. The premise of the ad is medicine tastes bad, so kids don't like to take it. Enter Children's Tylenol with Flavor Creator, add flavor crystals to the medicine to make it taste better, you'll have no problem getting your kids to take it. The ad's message is:

- Less of this (problems getting kids to take medicine)
- More of this (kids playing or taking medicine without a problem)
- Thanks to this (Children's Tylenol with Flavor Creator)

Instead of cluttering the ad with detailed medical information, it appears on the back of the page.