

Usual Dosage: Take one tablet twice daily at least 30 minutes before meals. Tablets are to be swallowed whole with liquid. Do not split, chew, crush or dissolve the tablet.

Storage: Store at 25°C (77°F); excursions permitted to 15-30°C (59-86°F) [see USP Controlled Room Temperature]. Store in the original container and keep the bottle tightly closed to protect from moisture. Dispense in a tight container if package is subdivided.

Keep out of the reach of children.

-01

LOT
EX



uncoated are

NDC 75987-031-04 60 tablets

VIMOVO[®]
(naproxen and esomeprazole
magnesi
layered release tablets)

375 mg/20 mg*

*Each tablet contains 375 mg of naproxen sodium and 20 mg of esomeprazole magnesium.

Each tablet contains 375 mg of naproxen sodium and 20 mg of esomeprazole magnesium.

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Manufactured for: Horizon Pharma USA, Inc., Deerfield, IL 60015



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-01

LOT
EX

uncoated are

NDC 75987-030-04 **60 tablets**

VIMOVO®
(naproxen and esomeprazole magnesium)
delayed release tablets

500 mg/20 mg*

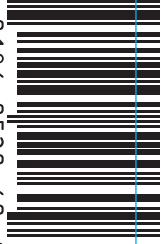
*Each tablet contains 500 mg of naproxen sodium and 20 mg of esomeprazole magnesium delayed release.

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H HORIZON
PHARMACEUTICALS

Manufactured for: Horizon Pharma USA, Inc., Deerfield, IL 60015

3 0186-0520-60 9



PROFESSIONAL SAMPLE—
NOT FOR SALE

LOT
EX

uncoated are

NDC 75987-030-73 6 tablets


(naproxen and esomeprazole
magnesi
layered release tablets

500 mg/20 mg*

Usual Dosage: Take one tablet twice daily at least 30 minutes before meals. Tablets are to be swallowed whole with liquid. Do not split, chew, crush or dissolve the tablet. Storage: Store at 25°C (77°F); excursions permitted to 15-30°C (59-86°F) (see USP Controlled Room Temperature). Store in the original container and keep the bottle tightly closed to protect from moisture. Dispense in a tight container if package is subdivided. Keep out of the reach of children. *Each tablet contains 22.3 mg esomeprazole magnesium, equivalent to 20 mg of esomeprazole. Mfg. For: Horizon Pharma USA, Inc. Deerfield, IL 60015

Outside View
(spot coat)

03708101



UNCOATED AREA

*Each tablet contains 22.3 mg esomeprazole magnesium, equivalent to 20 mg of esomeprazole.

500 mg/20 mg*

(naproxen and esomeprazole magnesium) delayed release tablets

VIMOVO®

NDC 75987-030-73 6 tablets

UNCOATED AREA

VIMOVO®
(naproxen and esomeprazole magnesium) delayed release tablets

500 mg/20 mg*

*Each tablet contains 22.3 mg esomeprazole magnesium, equivalent to 20 mg of esomeprazole.

Tear off the \$0 Savings Card†

VIMOVO®
(naproxen and esomeprazole magnesium) delayed release tablets

500/20 mg delayed release tablets

Take the Savings Card and VIMOVO prescription to your pharmacy today. Good for up to 12 prescription fills.

Savings Card is also available at VIMOVO.com

†For eligible commercially insured and cash-paying patients.

VIMOVO®
(naproxen and esomeprazole magnesium) delayed release tablets

500 mg/20 mg*

*Each tablet contains 22.3 mg esomeprazole magnesium, equivalent to 20 mg of esomeprazole.

Dispense the enclosed Medication Guide to each patient.

Rx only
PROFESSIONAL SAMPLE – NOT TO BE SOLD

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Keep out of the reach of children.

Mfd. For: Horizon Pharma USA, Inc.
Deerfield, IL 60015


UNCOATED AREA

LOT
EXP

37081-01

UNCOATED AREA

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UNCOATED AREA

VIMOVO®
(naproxen and esomeprazole magnesium) delayed release tablets

500 mg/20 mg*

*Each tablet contains 22.3 mg esomeprazole magnesium, equivalent to 20 mg of esomeprazole.

UNCOATED AREA

VIMOVO®
(naproxen and esomeprazole magnesium) delayed release tablets

\$0 COPAY CARD†

Present this card to your pharmacist along with your prescription for VIMOVO. Good for up to 12 prescription fills.

pskw
Emdeon
Therapy First Plus

BIN# 004682
PCN# CN
GRP# EC72003002
ID# 48658723291

NO ACTIVATION REQUIRED.
See accompanying full Prescribing Information including Boxed WARNINGS.
†For eligible commercially insured and cash-paying patients.

Inside View
(uncoated)

Redeem this card only when accompanied by valid prescription for VIMOVO. Card valid toward out-of-pocket expenses for VIMOVO. Minimum prescription 20 pills. A savings of up to \$800 will be received for each prescription of 60 pills for a 30-day supply. Savings for prescriptions of +/- 60 pills may vary based on prescription size. Payment will be made by **Therapy First Plus, Pharmacist for patient with eligible third party**—Submit this claim to primary third-party payer first, then submit balance due to **Therapy First Plus** as Secondary Payer COB (coordination of benefits) with patient responsibility amount and valid Other Coverage Code (eg, 8). **Pharmacist for cash-paying patient**—Submit this claim to **Therapy First Plus**. Valid Other Coverage Code (eg, 1) is required. For any questions regarding Therapy First Plus online processing, please call 1-800-422-5604. Patients with questions should call 1-855-881-3093. **Terms and Conditions:** Card cannot be combined with any other rebate or coupon, free trial or similar offer for the specified prescription. Not valid for prescriptions reimbursed in whole or in part by Medicaid, Medicare, or other federal or state programs (including state prescription drug programs). Patients must be 18 or older. Offer good only in the United States at participating retail pharmacies. Offer not valid in Massachusetts or where otherwise prohibited by law. Horizon Pharma reserves the right to rescind, revoke or amend offer without notice. The selling, purchasing, trading or counterfeiting of this card is prohibited by law. Participating patients and pharmacists understand and agree to comply with all Terms and Conditions of offer. Program managed by PSKW & Associates on behalf of Horizon Pharma. **Please see accompanying full Prescribing Information, including Boxed WARNINGS, with Medication Guide or visit www.VIMOVO.com.**

UNCOATED AREA

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EXP

37081-01

UNCOATED AREA