100% Drug Coverage List for US AbbVie Health Plans

Drug			Therapeutic Categories
Actonel®	*	◈	Endocrine and Metabolic
Acular LS®	*	†	Ophthalmic
Acular®	*	†	Ophthalmic
Acuvail®		†	Ophthalmic
Alocril®	*	†	Ophthalmic
Alphagan P®	*	†	Ophthalmic
Armour® Thyroid		†	Endocrine and Metabolic
Atelvia®	*	◈	Endocrine and Metabolic
Avycaz®		†	Anti-infective
Botox®		†	Central Nervous System
Bystolic	*	◈	Cardiovascular
Canasa®	*	†	Gastrointestinal
Carafate®	*	†	Gastrointestinal
Celexa®	*	◈	Central Nervous System
Combigan®	*	†	Ophthalmic
Creon®		†	Gastrointestinal
Crinone®		†	Endocrine and Metabolic
Dalvance®		†	Anti-infective
Decnupaz		†	Antineoplastics
Depakote	*	◈	Central Nervous System
Depakote® ER	*	◈	Central Nervous System
Depakote® Sprinkles	*	◈	Central Nervous System
Duopa™		†	Central Nervous System
Durysta™		†	Ophthalmic Implant
Estrace®	*	†	Endocrine and Metabolic
Fetzima®		◈	Central Nervous System
FML Forte®		†	Ophthalmic
FML® Ointment		†	Ophthalmic
FML® Suspension	*	†	Ophthalmic
Gelnique® Gel		†	Renal and Genitourinary
Gengraf®	*	◈	Immunological
Humira®		†	Immunological
Imbruvica®		†	Antineoplastics
Infed®		†	Nutrients and Nutritional
Juvmo®		†	Central Nervous System
Kaletra®	*	†	Anti-infective
Lastacaft®		†	Ophthalmic
Lexapro®	*	◈	Central Nervous System
Liletta®		◈	Endocrine and Metabolic
Linzess®		†	Gastrointestinal
Lo Loestrin® FE		◈	Endocrine and Metabolic

Drug			Therapeutic Categories
Lumigan®		†	Ophthalmic
Lupron Depot PED®		†	Endocrine and Metabolic
Lupron Depot®		†	Endocrine and Metabolic
Mavyret®		†	Anti-infective
Namenda XR®	*	†	Central Nervous System
Namenda®	*	†	Central Nervous System
Namzaric®		†	Central Nervous System
Norvir®		†	Anti-infective
Ocuflox®	*	†	Ophthalmic
Oriahnn®		†	Endocrine and Metabolic
Orilissa®		†	Endocrine and Metabolic
Oxytrol®		†	Renal and Genitourinary
Ozurdex®		†	Ophthalmic Implant
Polytrim®	*	†	Ophthalmic
Pred Forte®	*	†	Ophthalmic
Pred Mild®		†	Ophthalmic
Quilipta®		†	Central Nervous System
Rectiv®	*	†	Gastrointestinal
Restasis®	*	†	Ophthalmic
Rinvoq®		†	Immunological
Saphris®	*	◈	Central Nervous System
Savella®		†	Central Nervous System
Skyrizi®		†	Immunological
Synthroid®	*	†	Endocrine and Metabolic
Taytulla®	*	◈	Endocrine and Metabolic
Teflaro®		†	Anti-infective
Ubrelvy™		†	Central Nervous System
Urso Forte®	*	†	Gastrointestinal
Venclexta®		†	Antineoplastic
Viberzi®		†	Gastrointestinal
Viibryd®	*	◈	Central Nervous System
Vraylar®		◈	Central Nervous System
Vyalev®		†	Central Nervous System
Zemplar®	*	†	Renal and Genitourinary

* Generic substitute available; generic substitutes are not covered at 100%.

◈ For participants in High Deductible medical options, 100% coverage **before** the plan's annual deductible is satisfied. Considered preventive as defined by the IRS.

† For participants in High Deductible medical options, 100% coverage **after** the plan's annual deductible is satisfied. Not considered preventive.

Note: Drugs or products that are used for cosmetic (i.e. non-medical) purposes, or are available over the counter, are not covered.

AbbVie drugs are covered at 100% only in the following medical options for active employees: BCBS PPO, BCBS High Deductible, BCBS High Deductible with HSA, UHC Choice Plus, UHC High Deductible with HSA , UHC High Deductible Choice Plus (100% coverage after annual deductible for non-preventive products in High Deductible options). This coverage is not available in insured or retiree medical options. AbbVie reserves the right to change or end this coverage at any time.

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