

# abbvie 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
Androderm®	†	Endocrine and Metabolic
Armour® Thyroid	†	Endocrine and Metabolic
Atelvia®	* ♦	Endocrine and Metabolic
Avycaz®	†	Anti-infective
Bentyl®	* †	Gastrointestinal
Botox®	†	Central Nervous System
Bystolic	* ♦	Cardiovascular
Canasa®	* †	Gastrointestinal
Carafate®	* †	Gastrointestinal
Celexa®	* ♦	Central Nervous System
Combigan®	* †	Ophthalmic
Condylox® Gel	* †	Dermatological
Creon®	†	Gastrointestinal
Crinone®	†	Endocrine and Metabolic
Dalvance®	†	Anti-infective
Delzicol®	* †	Gastrointestinal
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®	†	Antineoplastic s
Infed®	†	Nutrients and Nutritional
Kaletra®	* †	Anti-infective
K-Tab	*	Minerals/Electrolytes
Lastacaft®	†	Ophthalmic
Lexapro®	* ♦	Central Nervous System
Liletta®	♦	Endocrine and Metabolic

Drug		Therapeutic Categories
Linzess®	†	Gastrointestinal
Lo Loestrin® FE	♦	Endocrine and Metabolic
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
Rapaflo®	* †	Renal and Genitourinary
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
TriCor®	* ♦	Cardiovascular
Trilipix®	* ♦	Cardiovascular
Ubrelyvy™	†	Central Nervous System
Urso Forte®	* †	Gastrointestinal
Venclexta®	†	Antineoplastic
Viberzi®	†	Gastrointestinal
Viibryd®	* ♦	Central Nervous System
Vraylar®	♦	Central Nervous System
Vuity®	†	Ophthalmic
Vyalev®	†	Central Nervous System
Zemiplar®	* †	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.