Jefferies Healthcare Conference

June 6, 2018

Forward-Looking Statements and Non-GAAP Financial Information

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AbbVie Immunology To Evolve From a Single Product to a Portfolio of Therapies

Differentiated Late-Stage Assets and Promising Early-Stage Programs Re-defining Standard of Care Across Immune-Mediated Diseases

		Rheumatology				Dermatology			Gastroenterology		Other
		RA	PsA	AxSpA	GCA	PsO	AD	HS	CD	UC	
On Market	Humira	✓	✓	✓		✓		✓	✓	✓	Uveitis
Late Stage	Upadacitinib	✓	✓	✓	✓		✓		✓	✓	
	Risankizumab		✓			✓			✓	✓	
Early Pipeline*	ABBV-323 *Anti-CD40*								✓	✓	Sjögren's SLE
	ABBV-3373 *Anti-TNF/ Steroid ADC*	✓						✓	✓	✓	
	ABBV-599 JAK1i/BTKi Combo	✓									Sjögren's SLE

* Represents potential indications for early Immunology pipeline assets prioritized for evaluation based on scientific rationale and unmet need in market

SELECT Phase 3 Program for Upadacitinib in Rheumatoid Arthritis

One of the most robust Phase 3 programs for RA

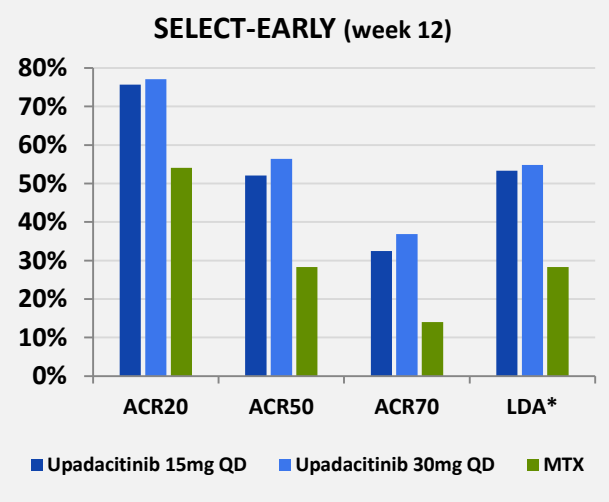
- 6 studies, nearly 5,000 patients, multiple patient types, 2 biologic comparators

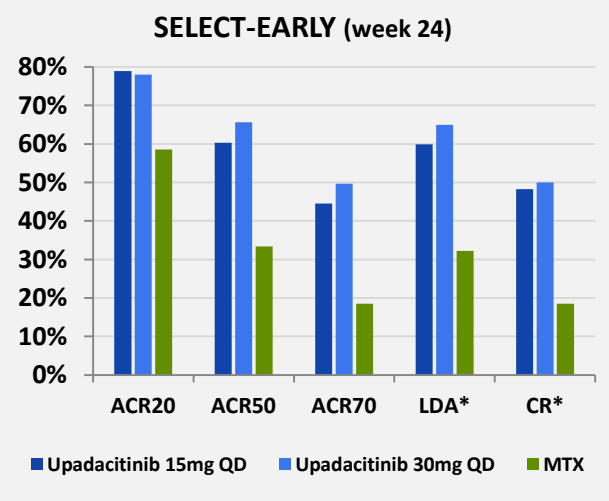
	SELECT NEXT STUDY	SELECT EARLY STUDY	SELECT COMPARE STUDY	SELECT MONOTHERAPY STUDY	SELECT BEYOND STUDY	SELECT CHOICE STUDY
Patient Population	csDMARD-IR	MTX-naïve	MTX-IR	MTX-IR	Biologic-IR	Biologic-IR
Scheme	Combo	Mono	Combo	Mono	Combo	Combo
Background	csDMARDs		MTX		csDMARDs	csDMARDs
Active Comparator		MTX	adalimumab	MTX		abatacept
Study Duration	12 weeks	48 weeks	48 weeks	14 weeks	24 weeks	24 weeks
Endpoints	Signs and Symptoms	Signs and Symptoms Structure	Signs and Symptoms Structure	Signs and Symptoms	Signs and Symptoms	Signs and Symptoms
Sample Size	661	1002	1,629	648	498	550
Top-line Data	June 2017	June 2018	April 2018	December 2017	September 2017	Expected 2H 2019 (Not included in initial regulatory filings)

On-track for regulatory submission in 2nd Half of 2018

Upadacitinib Demonstrates Compelling Data in RA

SELECT-EARLY results support the potential of upadacitinib as a first-line monotherapy



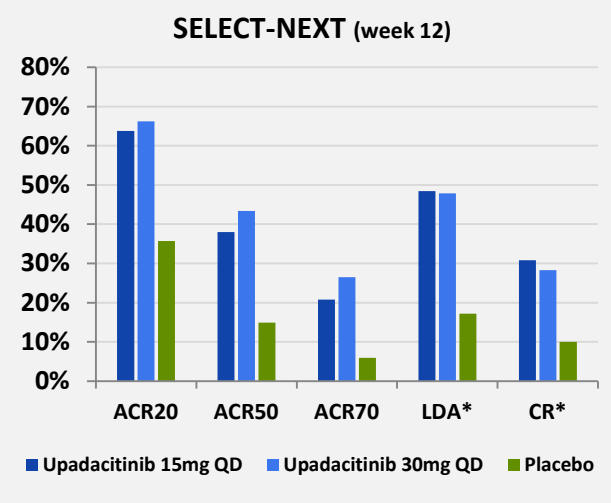


- Methotrexate (MTX) is commonly used as a first-line therapy in rheumatoid arthritis, but many patients do not respond to or cannot tolerate MTX.
- Early intervention with an effective treatment is critical to control the disease and prevent permanent joint damage and impaired physical function.
- Results from SELECT-EARLY showed that both doses of upadacitinib monotherapy met the primary endpoints (ACR50 at week 12 and clinical remission at week 24) and all ranked secondary endpoints versus methotrexate monotherapy.
- Both doses of upadacitinib monotherapy significantly inhibited radiographic progression at week 24 compared to methotrexate.
- The levels of efficacy from SELECT-EARLY support the potential of upadacitinib as a first-line monotherapy in RA and address the need for additional monotherapy treatment options early in the disease.

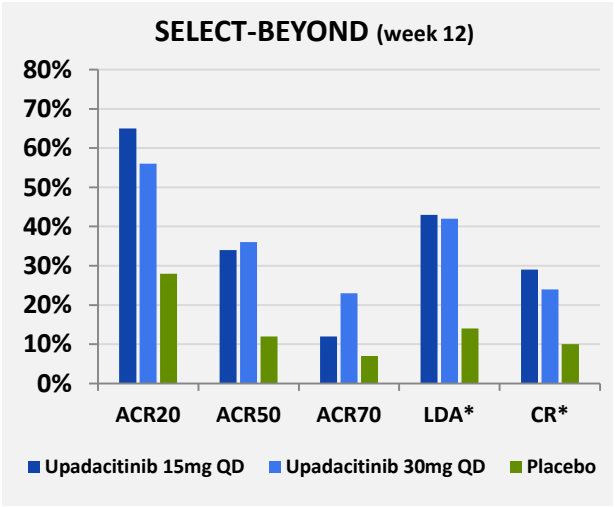
*Low disease activity (LDA) and clinical remission (CR) are by the DAS28 (CRP) criteria definitions.
Preliminary safety data for SELECT-EARLY contained in AbbVie press release. Additional efficacy and safety data will be submitted for presentation at future medical meeting.

Upadacitinib Demonstrates Compelling Data in RA

Potential to be a best-in-class therapy



- Both doses of upadacitinib met all primary and key secondary endpoints in SELECT-NEXT study.
- Achieved very high ACR20 responses, but more importantly, upadacitinib drove strong levels of response on more stringent endpoints, such as ACR50, ACR70, low disease activity and DAS remission in csDMARD-IR patients.
- Nearly half of the patients achieved low disease activity by 12 weeks, very encouraging as achieving low disease activity has remained an unmet need in RA.

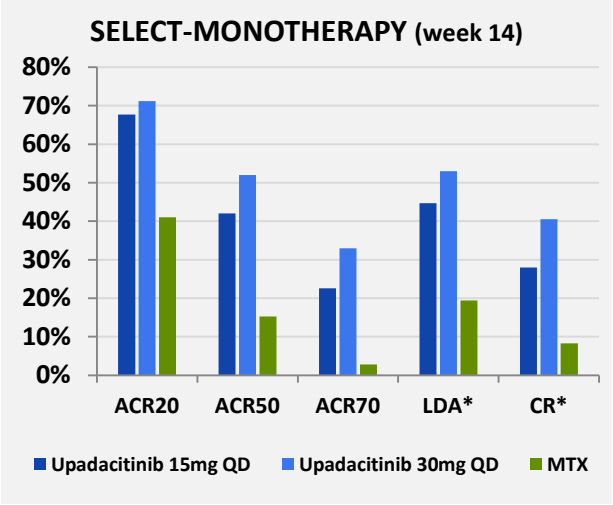


- Both doses of upadacitinib met all primary and ranked secondary endpoints at week 12 and had sustained responses through week 24
- Demonstrated levels of efficacy in a bio-IR population that you typically see in bio-naïve patients. This is a very difficult-to-treat RA population with limited treatment options.
- Similar to the results from the SELECT-NEXT study, in SELECT-BEYOND, upadacitinib drove very high responses on all clinical endpoints at both the 12 and 24 week time points.

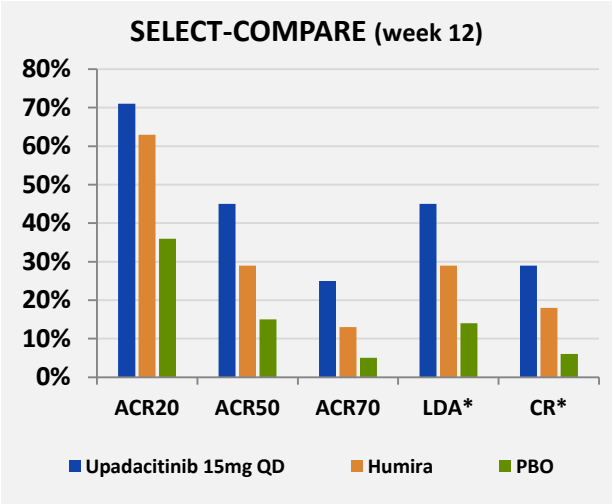
*Low disease activity (LDA) and clinical remission (CR) are by the DAS28 (CRP) criteria definitions.
Preliminary safety data for SELECT-NEXT and SELECT-BEYOND contained in AbbVie press releases. Additional data presented at ACR 2017 Annual Meeting.

Upadacitinib Demonstrates Compelling Data in RA

Potential to be a best-in-class therapy



- SELECT-MONOTHERAPY addressed the clinical impact of switching from methotrexate to upadacitinib as monotherapy in patients with an inadequate response to methotrexate.
- Both doses of upadacitinib met all primary and key secondary endpoints at week 14. Very strong levels of response on all clinical endpoints.
- First evidence to support the potential of upadacitinib as a therapy without the need for background methotrexate.



- After 12 weeks of treatment, upadacitinib met the study's primary endpoints (ACR20 and clinical remission) and all ranked secondary endpoints versus placebo.
- At week 12, the study also showed superiority of upadacitinib over adalimumab on ranked secondary endpoints including reduction of pain and improvements in physical function (HAQ-DI).
- Following 26 weeks of treatment, upadacitinib significantly inhibited radiographic progression (mTSS) from baseline, compared to placebo.

*Low disease activity (LDA) and clinical remission (CR) are by the DAS28 (CRP) criteria definitions.
Preliminary safety data for SELECT-MONOTHERAPY and SELECT-COMPARE contained in AbbVie press releases.
Additional efficacy and safety data will be submitted for presentation at future medical meetings.

Overall Safety for Upadacitinib in the SELECT Clinical Program for Rheumatoid Arthritis

Overall safety profile is consistent with mechanism of action and immunomodulatory therapies

Majority of all adverse events are mild to moderate and do not result in discontinuation of therapy

The most frequent side effects of upadacitinib reported across the Phase 3 SELECT studies include upper respiratory tract infection, nasopharyngitis, urinary tract infection, creatine kinase increases, nausea, and headache

Favorable benefit-risk profile for upadacitinib in RA is supported by a well characterized and manageable safety profile and efficacy in both treatment naïve and experienced patients

Preliminary safety data for all Phase 3 SELECT trials were contained in AbbVie press releases.
Additional efficacy and safety data will be submitted for future publication and presentation at medical meetings.

Venous Thromboembolism (VTE) Data in Upadacitinib SELECT Clinical Program for Rheumatoid Arthritis

Exposure-Adjusted Incidence Rate of VTE in Upadacitinib SELECT Program

(SELECT-NEXT, SELECT-BEYOND, SELECT-MONOTHERAPY, SELECT-COMPARE and SELECT-EARLY)

Number of Patients with Events per 100 Patient Years (PY) Exposure

	Any Adjudicated VTE – Controlled Period				
Controlled Period	PBO/MTX	Adalimumab	Upadacitinib 15mg	Upadacitinib 30mg	Upadacitinib Total
	0.5	3.5	0.6	0.4	0.5

	Any Adjudicated VTE – Long-Term Period				
Long-Term Period	PBO/MTX	Adalimumab	Upadacitinib 15mg	Upadacitinib 30mg	Upadacitinib Total
	N/A	1.2	0.5	0.3	0.4

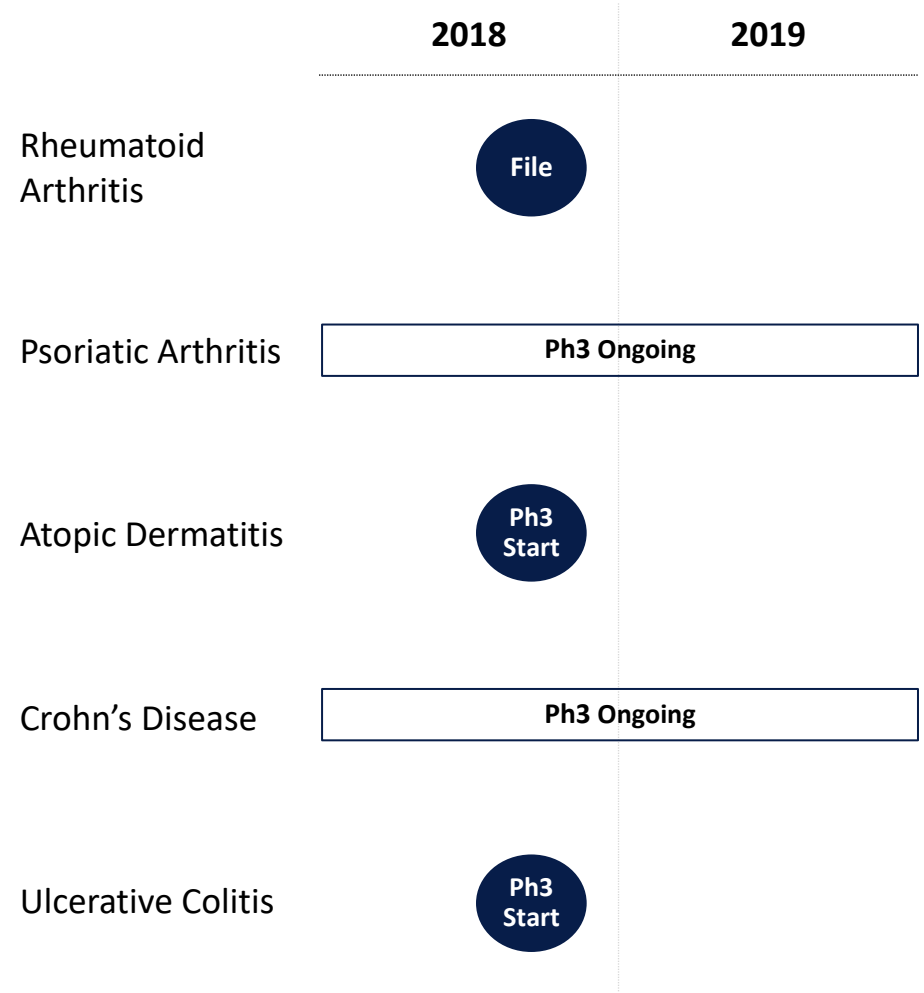
Upadacitinib Has Produced Strong Mid- and Late-Stage Data in Rheumatology, Dermatology and Gastroenterology

Strong results from five studies in SELECT Phase 3 program in rheumatoid arthritis support our view that upadacitinib represents potential best-in-class therapy

Phase 2 data in atopic dermatitis and Crohn's disease demonstrate encouraging activity and support advancement to Phase 3

Development also ongoing in psoriatic arthritis, ankylosing spondylitis, ulcerative colitis

Expect to launch in six indications by 2022, starting with RA in 2019

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