

**HIV Drug Assistance Program1**

**Open Formulary Exclusions**

***HDAP can only cover FDA-approved medications.***

***Medications must be prescribed by a clinician.***

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| **Specific Exclusions**   |
| ***Medication*** | ***Notes*** |
| **Finasteride (Propecia)**   | *Approved for prostate disorders only (PA required)* |
| **Minoxidil (Rogaine)**   |   |

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| **Class Exclusions**   |
| ***Medication Type*** | ***Notes*** |
| **Cosmetic Medications**   |  |
| **Herbal Medications**   |  |
| **Erectile Dysfunction Medications** | *Covered for insured clients only (no PA required)* |
| **Fertility Medications** | *Covered for insured clients only (no PA required)* |

Revised 1/2025

1 A program of the Massachusetts Department of Public Health