A blue and white logo

Description automatically generated

**HIV Drug Assistance Program1**

**Open Formulary Exclusions**

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

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

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

|  |  |
| --- | --- |
| **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