



**HIV Drug Assistance Program<sup>1</sup>**  
**Open Formulary Exclusions**

*HDAP can only cover FDA-approved medications.  
Medications must be prescribed by a clinician.*

Specific Exclusions	
<i>Medication</i>	<i>Notes</i>
<b>Finasteride (Propecia)</b>	<i>Approved for prostate disorders only (PA required)</i>
<b>Minoxidil (Rogaine)</b>	

Class Exclusions	
<i>Medication Type</i>	<i>Notes</i>
<b>Cosmetic Medications</b>	
<b>Herbal Medications</b>	
<b>Erectile Dysfunction Medications</b>	<i>Covered for insured clients only (no PA required)</i>
<b>Fertility Medications</b>	<i>Covered for insured clients only (no PA required)</i>
<b>GLP-1 Agonists</b>	<i>Approved for diabetes only, PA required for uninsured clients</i>

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<sup>1</sup> A program of the Massachusetts Department of Public Health