



**Department  
of Health**

Mike DeWine, Governor  
Jon Husted, Lt. Governor

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**Ryan White Part B  
Ohio AIDS Drug Assistance Program  
Expanded Formulary Exclusions  
Effective March 2019**

**Specific Exclusions**

**Botulinum Toxin**  
**Gonadotropin**  
**Finasteride (Propecia)**  
(approved for prostate disorders only)  
**Hyaluronic acid derivatives**  
**Injectable muscle relaxants**  
**Mifepristone**  
**Minoxidil –**  
**Recombinant human growth hormone (HGH)**  
**Synthetic growth hormone**  
**Egrifta**  
**Trogarzo – Requires Prior Authorization**  
(Please contact ADAP 1-800-777-4775)

**Class Exclusions**

**Chemotherapeutic Agents**  
**Cosmetic Medications**  
**Drug Schedules II, III, IV and V**  
(except Lyrica, Gabapentin, Topical Testosterone)  
**Durable Medical Equipment**  
**Erectile Dysfunction Pharmaceuticals**  
**Female Sexual Dysfunction Pharmaceuticals**  
**Fertility Drugs**  
**Hepatitis C Treatments**  
**Herbal Medications**  
**OTC Medications**  
**Vaccines not on the approved ACIP list**  
**Vaccines excluded on the approved ACIP list**  
(HZV (Herpes Zoster Virus), LAIV (Live attenuated flu vaccine), MMR RIV (Recombinant influenza vaccine), and VAR (chickenpox), Zostavax- Shingles)

**\*Syringes for insulin injection and diabetic supplies are covered**