



**Drug Name: Hypodermic Needles & Syringes**

**Effective Date:** 05/1/2019

**Revised:** 04/2019, 5/2020, 5/2021, 4/2022, 3/2023, 3/2024, 3/2025, 3/2026

<b>Required Medical Information:</b>	<ul style="list-style-type: none"><li>• The member has filled a prescription for testosterone cypionate, testosterone enanthate, Estradiol, Vitamin B12, or Depo-Provera product within the past 180 days. <b>OR</b></li><li>• The member will use the Hypodermic Needles and Syringes to inject testosterone cypionate, testosterone enanthate, Estradiol, Vitamin B12, or Depo-Provera product.</li></ul>
<b>Coverage Duration:</b>	12 months