



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

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