

Drug Name: Hypodermic Needles & Syringes

**Date**: 04/2019 **Revised:** 04/2019

Drug Name:	Hypodermic Needles & Syringes
Required Medical Information:	• The member has filled a prescription for testosterone cypionate, testosterone enanthate, Estradiol, Vitamin B12, or Depo-Provera product within the past 180 days. OR
	<ul> <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>
Coverage Duration:	If met, approve x 1 year