

Payment Allowance Limits for Medicare Part B Not Otherwise Classified (NOC) Drugs

Effective July 1, 2025 through September 30, 2025

Note 1: Payment allowance limits subject to the ASP methodology are based on 1Q25 ASP data.

Note 2: Providers should contact their local Medicare contractor processing the claim for the most appropriate unlisted/unclassified HCPCS code to use in reporting these drugs to Medicare.

Note 3: The absence or presence of a HCPCS code and the payment allowance limits in this table does not indicate Medicare coverage of the drug. Similarly, the inclusion of a payment allowance limit within a specific column does not indicate Medicare coverage of the drug in that specific category. These determinations shall be made by the local Medicare contractor processing the claim.

Drug Generic Name (Trade Name)	Dosage	Payment Limit	Notes
Vasopressin (Long Grove)	1 UNIT	\$2.796	