

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

**Effective January 1, 2024 through March 31, 2024**

Note 1: Payment allowance limits subject to the ASP methodology are based on 3Q23 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
Aminocaproic acid	250 MG	\$0.290	
Aztreonam	500 MG	\$14.778	
Diltiazem Hydrochloride	5 MG	\$0.372	
Doxycycline Hyclate	100 MG	\$15.942	
Famotidine	10 MG	\$0.412	
Flumazenil	0.1 MG	\$0.799	
Folic Acid	5 MG	\$2.873	
Furosemide (Phlow Corporation)	20 MG	\$1.579	
Glucarpidase	10 UNITS	\$399.730	
Glycopyrrolate injection (Fresenius Kabi)	0.1 MG	\$2.698	providers must check the crosswalk file to determine the correct payment allowance
Metoprolol Tartrate	1 MG	\$0.144	
Rifampin	600 MG	\$58.761	
Sodium Chloride, Hypertonic (3% - 5% infusion)	250 CC	\$1.393	
Sulfamethoxazole-Trimethoprim	400-80 MG	\$0.744	