



CSL Behring
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March 3, 2026

Notice Regarding Offer of Refunds to 340B Covered Entities

CSL Behring LLC (“CSL”) recently recalculated 340B Ceiling Prices for the NDCs referenced below for the time period of January 1, 2025 through September 30, 2025 (1Q25-3Q25). As a result of the recalculation, CSL has determined that (pursuant to 42 U.S.C. § 256b(d)(1)(B)(ii) and 42 C.F.R. § 10.11(b)(4)), a refund is or may be due to any 340B Covered Entity which purchased any of the below NDCs during the aforementioned time period.

The table below identifies the NDCs that are subject to a refund. The recalculated Ceiling Prices are the result of revised pricing data that were submitted to the Centers for Medicare & Medicaid Services.

NDC-11	Product Name	Effective Period		
		1Q25	2Q25	3Q25
44206-0436-05	Privigen 5g			X
44206-0437-10	Privigen 10g	X	X	X
44206-0438-20	Privigen 20g			X
44206-0439-40	Privigen 40g			X
44206-0451-01	Hizentra 5 ml (1g)	X	X	X
44206-0452-02	Hizentra 10 ml (2g)	X	X	X
44206-0454-04	Hizentra 20 ml (4g)	X	X	X
44206-0455-10	Hizentra 50 ml (10g)	X	X	X
44206-0455-25	Hizentra PFS 50 ml (10g)	X	X	X
44206-0456-21	Hizentra PFS 5 ml (1g)	X	X	X
44206-0457-22	Hizentra PFS 10 ml (2g)	X	X	X
44206-0458-24	Hizentra PFS 20 ml (4g)	X	X	X
63833-0386-02	Kcentra 400-620 IU	X	X	
63833-0828-02	HAEGARDA 2000 IU	X	X	X
63833-0829-02	HAEGARDA 3000 IU	X	X	X
69911-0864-02	Idelvion 250 IU	X	X	
69911-0865-02	Idelvion 500 IU	X	X	X
69911-0866-02	Idelvion 1000 IU		X	
69911-0867-02	Idelvion 2000 IU	X		X

no price difference in quarter

CSL intends to refund any amount equal to or in excess of \$20.00 (aggregate for all applicable NDCs) for the periods listed directly to the 340B Covered Entity of record. 340B



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Covered Entities that purchased the impacted CSL products during this timeframe will receive a refund effectuated through Apexus, the HRSA 340B Prime Vendor.

For 340B Covered Entities who may be owed less than \$20.00 in aggregate or who have questions about the above-referenced recalculation for this period, CSL invites interested parties to contact it via email at CSL_Medicaid@cslbehring.com. The Covered Entity may be asked to provide additional information for verification purposes, such as the applicable NDC(s), purchase volume(s), and time period(s). Upon validation that a requested refund of less than \$20 is owed, CSL will approve the refund request.

CSL has asked the Health Resources and Services Administration (HRSA) to post this Notice on the HRSA's public website to ensure transparency to all 340B Covered Entities regarding the Ceiling Price recalculations for all NDC's identified above and to offer a refund to any of the 340B Covered Entities that may have purchased the above NDCs during the relevant time periods. Please direct any questions and/or requests for additional information to CSL at the following email address: CSL_Medicaid@cslbehring.com.