

PHARMACY POLICY STATEMENT

Indiana Medicaid

DRUG NAME	Brinsupri (brensocatib)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Brinsupri, approved by the FDA in 2025, is a dipeptidyl peptidase 1 (DPP1) inhibitor indicated for the treatment of non-cystic fibrosis bronchiectasis (NCFB) in adult and pediatric patients 12 years of age and older. NCFB is a chronic condition of the lung caused by bronchial dilatation and inflammation that can lead to lung damage. It can involve chronic cough, increased sputum production and recurrent exacerbations. Frequent respiratory tract infections and pulmonary exacerbations occur. Although many patients do not have an underlying cause, there are many circumstances that can precipitate NCFB such as previous pulmonary infections, asthma, chronic obstructive pulmonary disease, immunodeficiency conditions, inhalation of toxic fumes and dust, etc.

Brinsupri (brensocatib) will be considered for coverage when the following criteria are met:

Non-Cystic Fibrosis Bronchiectasis (NCFB)

For **initial** authorization:

1. Member is at least 12 years of age; AND
2. Medication must be prescribed by or in consultation with a pulmonologist; AND
3. Member has a diagnosis of NCFB confirmed by chest computed tomography (CT) scan; AND
4. Member has a clinical history consistent with bronchiectasis such as chronic cough, chronic increased sputum production, history of recurrent respiratory tract infections, etc.; AND
5. Provider attests that member is **NOT** a current smoker; AND
6. Provider attests Brinsupri will be used with standard of care (such as airway clearance, pulmonary rehabilitation, mucolytics, corticosteroids, antibiotics, etc.); AND
7. Member meets **ONE** of the following:
 - a) If the member is 18 years of age or older, member has had at least **TWO** pulmonary exacerbations in the past 12 months; OR
 - b) If the member is between 12 and 17 years of age, member has had at least **ONE** pulmonary exacerbation in the past 12 months

OF NOTE: a pulmonary exacerbation is defined as an exacerbation requiring an antibiotic prescription, urgent care/emergency room visit or hospitalization

8. **Dosage allowed/Quantity limit:** administer 10 mg or 25 mg orally once daily. Quantity limit: 30 tablets per 30 days.

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:

1. Chart notes must show improvement or stabilized signs and symptoms of disease such as a decrease in the number of pulmonary exacerbations annually.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Brinsupri (brensocatic) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
09/30/2025	New policy for Brinsupri created.

References:

1. Brinsupri [prescribing information]. Inmed Incorporated; 2025.
2. Barker AF, Karamooz E. Non-Cystic Fibrosis Bronchiectasis in Adults: A Review. *JAMA*. 2025;334(3):253-264. doi:10.1001/jama.2025.2680
3. Chang AB, Fortescue R, Grimwood K, et al. European Respiratory Society guidelines for the management of children and adolescents with bronchiectasis. *Eur Respir J*. 2021;58(2):2002990. Published 2021 Aug 26. doi:10.1183/13993003.02990-2020
4. Polverino E, Goeminne PC, McDonnell MJ, et al. European Respiratory Society guidelines for the management of adult bronchiectasis. *Eur Respir J*. 2017;50(3):1700629. Published 2017 Sep 9. doi:10.1183/13993003.00629-2017

Effective date: 05/01/2026

Revised date: 09/30/2025