Effective Date: 2/2026
Reviewed: 11/2025
Scope: Medicaid

BRINSUPRI (brensocatib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Brinsupri is indicated for the treatment of non-cystic fibrosis bronchiectasis (NCFB) in adult and pediatric patients 12 years of age and older.

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Non-cystic fibrosis bronchiectasis (NCFB)
Authorization of 12 months may be granted for treatment of non-cystic fibrosis bronchiectasis (NCFB) in an adult or pediatric member 12 years of age or older when all the following criteria are met:

A. Member is 12 years of age or older.
B. Brinsupri is prescribed by or in consultation with a pulmonologist.
C. Documentation that the diagnosis is confirmed by a high-resolution computed tomography (HRCT) study of the chest and clinical history consistent with bronchiectasis (e.g., chronic cough, chronic sputum production, and/or recurrent respiratory tract infections [RTIs]).
D. Physician attestation that the member does not have bronchiectasis due to cystic fibrosis (CF), bronchiectasis is not primarily caused by a comorbid diagnosis of COPD or asthma, and the member is a current nonsmoker.
E. Documentation of the number of pulmonary exacerbations the member has experienced in the last 12 months. A pulmonary exacerbation is defined as the worsening of 3 or more of the following symptoms for at least 48 hours: increased cough; increased sputum production or change in sputum consistency; increased sputum purulence; increased breathlessness and/or decreased exercise tolerance; fatigue and/or malaise; or hemoptysis.
    a. For members aged 18 and older, the member has experienced at least two pulmonary exacerbations in the last 12 months, or for members aged 12-17 years, the member has experienced at least one pulmonary exacerbation in the last 12 months.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for treatment of non-cystic fibrosis bronchiectasis (NCFB) in an adult or pediatric member 12 years of age or older when the following criteria are met:

A. Documentation that the member has experienced a positive response to therapy (e.g., reduction in pulmonary exacerbations from baseline)

IV. QUANTITY LIMIT

Brinsupri 10mg and 25 mg tablets: 1 tablet per day

V. REFERENCES

1. Brinsupri [package insert]. Bridgewater, NJ: Insmed Incorporated; August 2025.
2. Lexicomp Online, Lexi-Drugs Online. Hudson, OH: UpToDate, Inc.; 2025; Accessed August 19, 2025.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed August 19, 2025.
4. Barker AF, Karamooz E. Non-Cystic Fibrosis Bronchiectasis in Adults – A Review. JAMA. 2025; 334(3): 253-264. doi:10.1001/jama2025.2680.
5. Imam JS, Duarte AG. Non-CF bronchiectasis: orphan disease no longer. *Respiratory Medicine* 2020;166: https://doi.org/10/1016/j.rmed/2020/105940.