

Brinsupri (brensocatib) tablet
Effective 03/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	These medications have been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit	Phone: 833-895-2611	Fax: 888-656-6671
	Pharmacy Benefit	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

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

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when all of the following criteria are met:

1. Diagnosis of non-cystic fibrosis bronchiectasis (NCFB) that has been confirmed by computed tomographic (CT) scan
2. Diagnostic testing confirms member does not have cystic fibrosis
3. Member is 12 years of age or older
4. Requested medication is prescribed by or in consultation with a pulmonologist
5. Documentation confirming the member has a clinical history consistent with non-cystic fibrosis bronchiectasis (e.g., chronic cough or sputum production or recurrent respiratory tract infections)
6. Member meets ONE of the following:
 - a. Member meets BOTH of the following:
 - i. Member is 12 – 17 years of age
 - ii. Documentation that the member has had at least one pulmonary exacerbation requiring treatment with systemic antibiotics in the previous 12 months
 - b. Member meets BOTH of the following:
 - i. Member is 18 years of age or older
 - ii. Documentation that the member has had at least two pulmonary exacerbations requiring treatment with systemic antibiotics in the previous 12 months
7. Member meets ONE of the following:
 - a. Member does not have co-existing chronic obstructive pulmonary disease (COPD) or asthma
 - b. Member has co-existing COPD and meets ALL of the following:
 - i. Documentation that the member is receiving one of the following therapies:

1. Triple therapy (i.e., inhaled corticosteroid [ICS], long-acting muscarinic antagonists [LAMA], long-acting beta-agonist [LABA])
2. If ICS is contraindicated, a LAMA and a LABA
- c. Member has co-existing asthma and meets ALL of the following:
 - i. Documentation the member is currently being treated with one of the following medications or had a contraindication or intolerance:
 1. Inhaled corticosteroid (ICS) AND an additional asthma controller medication (e.g., leukotriene receptor antagonist [LTRA], long-acting beta-2 agonist [LABA], or long-acting muscarinic antagonist [LAMA])
 2. Combination ICS/LABA product

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation demonstrating the member has had a positive clinical response to therapy (e.g., stabilization or reduction in number of pulmonary exacerbations)

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply

Drug Name and Dosage Form	Quantity Limit
Brinsupri tablet	1 tablet per day

References

1. Barker AF and Karamooz E. Non-cystic fibrosis bronchiectasis in adults: a review. *JAMA*. 2025; 334(3):253-264.
2. Brinsupri (brensocatib) [prescribing information]. Bridgewater, NJ: Inmed Incorporated; August 2025.
3. Chalmers JD, Burgel PR, Daley CL, et al; ASPEN Investigators. Phase 3 trial of the DPP-1 inhibitor brensocatib in bronchiectasis. *New Engl J Med*. 2025;392(16):1569-81.
4. Chalmers JD, Goeminne P, Aliberti S, et al. The bronchiectasis severity index. An international derivation and validation study. *Am J Respir Crit Care Med*. 2014;189:576-85.
5. Chalmers JD, Haworth CS, Metersky ML, et al; WILLOW Investigators. Phase 2 trial of the DPP-1 inhibitor brensocatib in bronchiectasis. *New Eng J Med*. 2020;383(22):2127-2137.
6. Chang AB, Bell SC, Byrnes CA, et al. Thoracic Society of Australia and New Zealand (TSANZ) position statement on chronic suppurative lung disease and bronchiectasis in children, adolescents and adults in Australia and New Zealand. *Respirology*. 2023;28(4):339-349. doi: 10.1111/resp.14479
7. Hill AT, Haworth CS, Aliberti S, et al. Pulmonary exacerbation in adults with bronchiectasis: a consensus definition for clinical research. *Eur Respir J*. 2017;49:1700051.
8. Hill AT, Sullivan AL, Chalmers JD, et al. British Thoracic Society guideline for bronchiectasis in adults. *Thorax*. 2019;74(suppl 1):1-69.
9. Imam JS and Duarte AG. Non-CF bronchiectasis: orphan disease no longer. *Resp Med*. 2020;166:105940.
10. Wasfy JH, Kim K, Touchette DR, et al. Brensocatib for non-cystic fibrosis bronchiectasis: effectiveness and value: evidence report. Institute for Clinical and Economic Review. September 8, 2025. Accessed September 9, 2025. https://icer.org/wp-content/uploads/2025/09/ICER_NCFB_Evidence-Report_For-Publication_090825.pdf.

Review History

01/14/2026 – Reviewed at December P&T. Effective 03/01/2026.

