

DRUG POLICY

Brinsupri® (brensocatib)

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

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

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

1. For initial requests:
 - i. Chart notes or medical record documentation of CT-scan-confirmed diagnosis of non-cystic fibrosis bronchiectasis (NCFB)
 - ii. Chart notes, medical record documentation, or claims history of pulmonary exacerbations (PEs) within the past 12 months

Criteria for Initial Approval

Non-cystic fibrosis bronchiectasis (NCFB)

Authorization of 12 months may be granted for members twelve years of age and older when all of the following criteria is met:

1. Diagnosis of bronchiectasis is confirmed by a chest computed tomography (CT) scan
2. Clinical history consistent with bronchiectasis (chronic cough, chronic sputum production, and/or recurrent RTIs)

3. Member has experienced at least 2 PEXs (1 for patients 12–17 years of age) in the past 12 months requiring an antibiotic prescription, urgent care or emergency room visit, or hospitalization
4. Member does not have bronchiectasis due to cystic fibrosis (CF)
5. Member is abstinent from smoking and will continue to abstain

Continuation of Therapy

Non-cystic fibrosis bronchiectasis (NCFB)

Authorization of 12 months may be granted for members who are using the requested medication for NCFB when the member has achieved or maintained a positive clinical response (e.g., reduced PEXs, improved lung function)

Other

Brinsupri is considered **not medically necessary** for members who do not meet the criteria set forth above.

Members currently receiving the requested medication as samples or via the manufacturer's patient assistance program will be required to meet the criteria for initial approval. This ensures that members are treated equally regardless of their provider's ability to access medication samples.

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limits Apply

Medication	Standard Limit	FDA Recommended Dosing
Brinsupri (brensocatib) 10 mg tablet	30 tablets per 30 days	• 10 mg orally once daily or
Brinsupri (brensocatib) 25 mg tablet		• 25 mg orally once daily

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- N/A

REFERENCES

- Brinsupri [package insert]. Bridgewater, NJ: Inmed Incorporated; August 2025.
- Lexicomp Online, Lexi-Drugs Online. Hudson, OH: UpToDate, Inc.; 2025; Accessed August 19, 2025.
- Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed August 19, 2025.
- Barker AF, Karamooz E. Non-Cystic Fibrosis Bronchiectasis in Adults – A Review. JAMA. 2025; 334(3): 253-264. doi: 10.1001/jama.2025.2680.
- Imam JS, Duarte AG. Non-CF bronchiectasis: orphan disease no longer. Respiratory Medicine 2020;166: <https://doi.org/10.1016/j.rmed.2020.105940>.

POLICY HISTORY

Policy #: 05.06.09

Original Effective Date: December 9, 2025

Reviewed: April 2026

Revised:

Current Effective Date: December 9, 2025