MEDICAL MUTUAL®

Drug Policy

Policy:	Brinsupri™ (brensocatib tablets – Insmed)	Annual Review Date: 05/21/2026 Last Revised Date: 05/21/2026

OVERVIEW

Brinsupri, a dipeptidyl peptidase 1 (DPP1) inhibitor, is indicated for the treatment of **non-cystic fibrosis bronchiectasis** in adult and pediatric patients 12 years of age and older.[1]

POLICY STATEMENT

This policy involves the use of Brinsupri. Prior authorization is recommended for pharmacy benefit coverage of Brinsupri. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Brinsupri as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Brinsupri be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Brinsupri is recommended in those who meet the following criteria:

1. **Bronchiectasis, Non-Cystic Fibrosis.** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, iv, v, vi, and vii):
     - **i.** Patient is ≥ 12 years of age; AND
     - **ii.** Patient has a history of bronchiectasis as diagnosed by chest computed tomography; AND
     - **iii.** Patient meets ONE of the following (a or b):
       - **a)** Patient is ≥ 12 years of age and < 18 years of age: Patient has had at least one pulmonary exacerbation in the last 12 months that resulted in the prescription of an antibiotic agent; OR
       - **b)** Patient is ≥ 18 years of age: Patient has had at least two pulmonary exacerbations in the last 12 months that resulted in the prescription of an antibiotic agent; AND
     - **iv.** According to the prescriber, respiratory symptoms are not driven primarily by chronic obstructive pulmonary disease or asthma; AND
     - **v.** Patient does not have cystic fibrosis; AND

vi. According to the prescriber, patient is a current non-smoker; AND
vii. The medication is prescribed by or in consultation with a pulmonologist or infectious disease physician; OR

B) Patient is Currently Receiving Brinsupri. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, iv, and v):
i. Patient is ≥ 12 years of age; AND
ii. Patient does not have cystic fibrosis; AND
iii. According to the prescriber, patient is a current non-smoker; AND
iv. According to the prescriber, patient has experienced a beneficial clinical response; AND
Note: Examples of beneficial clinical response may include a reduction in the number of exacerbations, preservation of lung function, reduced cough, reduced sputum production, or less shortness of breath.
v. The medication is prescribed by or in consultation with a pulmonologist or infectious disease physician.

Initial Approval/ Extended Approval.
A) *Initial Approval:* 1 year
B) *Extended Approval:* 1 year

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Brinsupri has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational, or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Brinsupri™ tablets [prescribing information]. Bridgewater, NJ: Insmed Incorporated; August 2025.
2. Wang L, Wang J, Zhao G, et al. Prevalence of bronchiectasis in adults: a meta-analysis. *BMC Public Health*. 2024;24(2675): 1-11.
3. McShane PJ, Naureckas ET, Tino G, et al. Non-cystic fibrosis bronchiectasis. *ATS Journals*. 2013;188(6): 1-10.

4. Polverino E, Geominne PC, and McDonnell MJ. European respiratory society guidelines for the management of adult bronchiectasis. *ERJ*. 2017;50(3): 1-23.
5. Hill AT, Sullivan Al, Chalmers JD, et al. British thoracic society guideline for bronchiectasis in adults. *International Journal of Respiratory Medicine*. 2019;74(1): 1-80.
6. Johnson E, Gilmour A, Chalmers JD. Dipeptidyl peptidase-1 inhibitors in bronchiectasis. *Eur Respir Rev*. 2025;34(176): 1-17.