UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2025 P 2378-1 |
| Program | Prior Authorization/Medical Necessity |
| Medication | Brinsupri™ (brensocatib) |
| P&T Approval Date | 11/2025 |
| Effective Date | 2/1/2026 |

**1. Background:**

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

**2. Coverage Criteria[a]:**

**A. Initial Authorization**

1. **Brinsupri** will be approved based on **all** of the following criteria:

   a. Diagnosis of non-cystic fibrosis bronchiectasis

   **-AND-**

   b. **All** of the following signs and symptoms associated with bronchiectasis:

      (1) Cough most days of the week lasting greater than 3 months

      (2) Production of mucopurulent sputum most days of the week lasting greater than 3 months

      (3) Recurrent respiratory tract infections

   **-AND-**

   c. Chest computed tomography (CT) is positive for bronchiectasis

   **-AND-**

   d. Cystic fibrosis (CF) has been ruled out by **one** of the following:

      (1) Sweat chloride test is negative

      (2) Mutation analysis of the cystic fibrosis transmembrane conductance regulator (CFTR) gene is negative for CF

   **-AND-**

   e. **One** of the following:

(1) **Both** of the following:

(a) Patient is 12 – 17 years of age

(b) Patient has experienced one or more pulmonary exacerbation(s) requiring systemic antimicrobial therapy in the previous 12 months

**-OR-**

(2) **Both** of the following:

(a) Patient is 18 years of age or older

(b) Has experienced two or more pulmonary exacerbations requiring systemic antimicrobial therapy in the previous 12 months

**-AND-**

f. **One** of the following:

(1) Patient does not have co-existing COPD or asthma

**-OR-**

(2) For patients with co-existing COPD, the patient is currently being treated with **one** of the following therapies at maximally tolerated doses unless there is a contraindication or intolerance to these medications:

(a) Dual therapy with a long-acting muscarinic antagonist (LAMA) (e.g., tiotropium, umeclidinium) and a long-acting beta agonist (LABA) (e.g., salmeterol, arformoterol, formoterol)

(b) Triple therapy [LAMA + LABA combined with an inhaled corticosteroid (ICS) (e.g., budesonide, fluticasone propionate)]

**-OR-**

(3) For patients with co-existing asthma, the patient is currently being treated with **one** of the following therapies at maximally tolerated doses unless there is a contraindication or intolerance to these medications:

(a) Inhaled corticosteroid (ICS) (e.g., fluticasone propionate)

(b) Dual therapy with a LABA (e.g., salmeterol, arformoterol, formoterol) and ICS (e.g., budesonide, fluticasone propionate)

(c) Triple therapy with a LAMA (e.g., tiotropium, umeclidinium) + LABA (e.g., salmeterol, arformoterol, formoterol) combined with an ICS (e.g., budesonide, fluticasone propionate)]

**-AND-**

g. Prescribed by or in consultation with a pulmonologist

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Brinsupri** will be approved based on **all** of the following criteria:

   a. Documentation of a positive clinical response (e.g, the patient has not had an increase in the number of annual pulmonary exacerbations requiring treatment with systemic antibiotics, patient has not initiated therapy with long-term maintenance systemic or inhaled antibiotics since starting Brinsupri)

   **-AND-**

   b. **One** of the following:

      (1) Patient does not have co-existing COPD or asthma

      **-OR-**

      (2) For patients with co-existing COPD, the patient continues to be treated with **one** of the following therapies at maximally tolerated doses unless there is a contraindication or intolerance to these medications:

         (a) Dual therapy with a long-acting muscarinic antagonist (LAMA) (e.g., tiotropium, umeclidinium) and a long-acting beta agonist (LABA) (e.g., salmeterol, arformoterol, formoterol)

         (b) Triple therapy [LAMA + LABA combined with an inhaled corticosteroid (ICS) (e.g., budesonide, fluticasone propionate)]

      **-OR-**

      (3) For patients with co-existing asthma, the patient continues to be treated with **one** of the following therapies at maximally tolerated doses unless there is a contraindication or intolerance to these medications:

         (a) Inhaled corticosteroid (ICS) (e.g., fluticasone propionate)

         (b) Dual therapy with a LABA (e.g., salmeterol, arformoterol, formoterol) and ICS (e.g., budesonide, fluticasone propionate)

         (c) Triple therapy with a LAMA (e.g., tiotropium, umeclidinium) + LABA (e.g., salmeterol, arformoterol, formoterol) combined with an ICS (e.g., budesonide, fluticasone propionate)]

      **-AND-**

c. Prescribed by or in consultation with a pulmonologist

**Authorization will be issued for 12 months.**

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply Limits may be in place.

**4. References:**


1. Brinsupri™ [prescribing information]. Bridgewater, NJ: Insmed Incorporated; August 2025.
2. Aliberti S, Goeminne PC, O'Donnell AE, et al. Criteria and definitions for the radiological and clinical diagnosis of bronchiectasis in adults for use in clinical trials: international consensus recommendations. *Lancet Respir Med*. 2022;10(3):298-306. doi:10.1016/S2213-2600(21)00277-0.
3. Barker, A. Bronchiectasis in adults: Maintaining Lung Health. In: UpToDate, Lam, A (Ed), UpToDate, Waltham, MA, 2025.


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| **Change Control** | |
| 11/2025 | New program. |