

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1495-1
Program	Prior Authorization/Notification
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 the following criterion:
 - a. Diagnosis of non-cystic fibrosis bronchiectasis

Authorization will be issued for 12 months.

B. Reauthorization

1. **Brinsupri** will be approved based on the following criterion:
 - a. Documentation of a positive clinical response to Brinsupri

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, Step Therapy, and/or Medical Necessity may be in place.

4. References:

1. Brinsupri™ [prescribing information]. Bridgewater, NJ: Insmed Incorporated; August 2025



Program	Prior Authorization/Notification - Brinsupri™ (brensocatib)
Change Control	
11/2025	New program.