

brensocatib (Brinsupri™)**Policy # 00951**

Original Effective Date: 01/01/2026

Current Effective Date: 01/01/2026

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider brensocatib (Brinsupri™)[‡] for the treatment of non-cystic fibrosis bronchiectasis to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for brensocatib (Brinsupri) will be considered when the following criteria are met:

Initial

- Patient has a diagnosis of non-cystic fibrosis bronchiectasis confirmed by chest computed tomography (CT); AND
- Patient is 12 years of age or older; AND
- Patient has a clinical history consistent with non-cystic fibrosis bronchiectasis including persistent cough on most days of the week, daily expectoration of mucopurulent or tenacious sputum, and a history of recurrent respiratory infections and exacerbations; AND
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- Patient meets ONE of the following:
 - For patients ≥ 12 years of age and < 18 years of age: Patient has had at least one pulmonary exacerbation in the last 12 months that required prescription antibiotics; OR
 - For patients ≥ 18 years of age: Patient has had at least two pulmonary exacerbations in the last 12 months that required prescription antibiotics; AND

*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*

(Note: A pulmonary exacerbation is defined as worsening of three or more of the following major symptoms over 48 hours: increased cough, increased sputum volume or change in sputum consistency, increased sputum purulence, increased breathlessness, decreased exercise tolerance, fatigue and/or malaise, and hemoptysis).

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- According to the prescriber, bronchiectasis is not driven primarily by other comorbid respiratory conditions, such as asthma or chronic obstructive pulmonary disease (COPD); AND
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- Patient does not have cystic fibrosis; AND
- According to the prescriber, patient is a current non-smoker; AND
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- Patient has a post-bronchodilator forced expiratory volume in 1 second (FEV₁) of > 30% predicted of normal value.
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*

Continuation

- Patient has an initial authorization; AND
- According to the prescriber, patient is a current non-smoker; AND
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- Prescriber attests that the patient has experienced a beneficial clinical response from baseline (prior to initiating Brinsupri therapy), as evidenced by a reduction in the number of pulmonary exacerbations and preservation or improvement of lung function (e.g., FEV₁).
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of brensocatib (Brinsupri) when ANY of the following criteria are NOT met to be **not medically necessary**:**

- Patient has a clinical history consistent with non-cystic fibrosis bronchiectasis including persistent cough on most days of the week, daily expectoration of mucopurulent or tenacious sputum, and a history of recurrent respiratory infections and exacerbations
- Patient meets ONE of the following:
 - For patients ≥ 12 years of age and < 18 years of age: Patient has had at least one pulmonary exacerbation in the last 12 months that required prescription antibiotics; OR
 - For patients ≥ 18 years of age: Patient has had at least two pulmonary exacerbations in the last 12 months that required prescription antibiotics
- According to the prescriber, bronchiectasis is not driven primarily by other comorbid respiratory conditions, such as asthma or chronic obstructive pulmonary disease (COPD)
- According to the prescriber, patient is a current non-smoker

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- Patient has a post-bronchodilator FEV₁ of > 30% predicted of normal value
- For continuation requests: Prescriber attests that the patient has experienced a beneficial clinical response from baseline (prior to initiating Brinsupri therapy), as evidenced by a reduction in the number of pulmonary exacerbations and preservation or improvement of lung function (e.g., FEV₁)

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of brensocatib (Brinsupri) when the patient selection criteria are not met (EXCEPT those denoted as **not medically necessary****) to be **investigational**.*

Based on review of available data, the Company considers the use of brensocatib (Brinsupri) for any indication other than non-cystic fibrosis bronchiectasis to be **investigational**.*

Background/Overview

Brinsupri is a dipeptidyl peptidase-1 (DPP-1) inhibitor indicated for the treatment of non-cystic fibrosis bronchiectasis (NCFB) in patients 12 years of age and older. DPP-1 activates proinflammatory neutrophil serine proteases during neutrophil maturation in the bone marrow, and these proteases are implicated in the pathogenesis of neutrophil-mediated inflammation in NCFB. Brinsupri was approved in August 2025 for this indication. The recommended dose is 10 mg or 25 mg once daily, with both tablet strengths available.

Bronchiectasis is classified into two main types: that associated with cystic fibrosis and non-cystic fibrosis bronchiectasis (NCFB), with NCFB being more common and heterogeneous in terms of etiology, severity, and prognosis. NCFB is a chronic, progressive respiratory disease affecting an estimated 500,000 adults in the United States, with prevalence increasing with age and higher rates observed in women. A wide range of factors can cause or be associated with NCFB, including pulmonary infections, genetic and autoimmune conditions, allergic reactions, and immunodeficiencies; however, up to 38% of cases are idiopathic. Common coexisting conditions include gastroesophageal reflux disease, asthma, and COPD. Most individuals with NCFB are chronically infected with pathogens such as *Haemophilus influenzae* and *Pseudomonas aeruginosa*.

The disease is characterized by chronic cough with daily sputum production, recurrent infections, and progressive lung function decline due to persistent airway inflammation and infection. Diagnosis is typically confirmed by non-contrast chest CT. Management focuses on symptom relief, infection control, and prevention of exacerbations, utilizing antibiotics, airway clearance therapies, and individualized treatment plans. The pathophysiology involves neutrophil-driven inflammation, with DPP-1 playing a pivotal role in activating neutrophil serine proteases. Inhibition of DPP-1 is

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expected to reduce the production of these proteases, potentially mitigating airway damage. While there are no U.S. guidelines for NCFB treatment, international guidelines recommend antibiotics for exacerbations, airway clearance, and supportive therapies, with treatment tailored to disease severity, microbiology, and comorbidities.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Brinsupri was approved in August 2025 for the treatment of non-cystic fibrosis bronchiectasis in adult and pediatric patients 12 years of age and older.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

The efficacy of Brinsupri was primarily established in the ASPEN Phase III trial, a double-blind, placebo-controlled, multicenter study (n = 1,767) in patients with non-cystic fibrosis bronchiectasis (NCFB) who had at least two pulmonary exacerbations (or at least one for adolescents) requiring antibiotics in the prior 12 months. Key inclusion criteria were a clinical history of bronchiectasis (chronic cough, sputum production, or recurrent respiratory tract infections), confirmation by chest CT within 5 years, age 12–85 years, and minimum body weight/BMI thresholds. Major exclusions included cystic fibrosis-related bronchiectasis, primary COPD or asthma, immunodeficiency, current smoking, and certain ongoing infections or treatments. Patients were randomized to Brinsupri 10 mg, Brinsupri 25 mg, or placebo once daily for 52 weeks, with all continuing background bronchiectasis therapies.

The primary endpoint was the annualized rate of adjudicated pulmonary exacerbations over 52 weeks, defined by the presence of at least three symptoms (e.g., increased cough, sputum changes, breathlessness) for ≥ 48 hours leading to antibiotic prescription. Secondary endpoints included time to first exacerbation, proportion of patients exacerbation-free, lung function (FEV₁), and quality of life measures.

Results showed that both Brinsupri doses significantly reduced the annualized rate of pulmonary exacerbations by about 20% compared to placebo at 52 weeks. Time to first exacerbation was also significantly prolonged, and a higher proportion of Brinsupri-treated patients remained exacerbation-free (48.5% for both doses vs. 40.3% for placebo). The 25 mg dose, but not 10 mg, significantly slowed FEV₁ decline versus placebo. Quality of life improvements were numerically greater with Brinsupri but did not reach the minimum clinically important difference. Subgroup

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analyses generally supported the overall findings, though some groups (e.g., severe disease, asthma) showed less clear benefit. The trial population was mostly female (65%), White (74%), with a mean age of 60 years and moderate disease severity. Adherence and completion rates were high, and background therapies were well balanced across groups.

References

1. Brinsupri [package insert]. Inmed Incorporated. Bridgewater, New Jersey. Updated August 2025.
2. Brinsupri Drug Evaluation. Express Scripts. Evaluated August 2025.

Policy History

Original Effective Date: 01/01/2026

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12/04/2025 Medical Policy Committee review

12/10/2025 Medical Policy Implementation Committee approval. New policy.

Next Scheduled Review Date: 12/2026

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with technology evaluation center(s);
 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 3. Reference to federal regulations.

**Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and

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- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.