

Louisiana Medicaid
Brensocatib (Brinsupri™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for brensocatib (Brinsupri™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

Approval Criteria for Initiation of Therapy

- The recipient is 12 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of non-cystic fibrosis bronchiectasis confirmed by chest computerized tomography (CT) scan; **AND**
- The following is true and **stated on the request**:
 - The recipient does not have cystic fibrosis; **AND**
 - The recipient is not a current smoker; **AND**
- The requested medication is prescribed by, or the request states that this medication is being prescribed in consultation with, a pulmonologist.

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

Duration of approval for initiation and continuation of therapy: 12 months

Reference

Brinsupri (brensocatib) [package insert]. Bridgewater, NJ: Insmed Incorporated; August 2025.
https://insmed.com/pdf/brinsupri_full_prescribing_information.pdf

Revision / Date	Implementation Date
Policy created / September 2025	April 2026