

## **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: Insmmed Incorporated; August 2025.  
[https://insmed.com/pdf/brinsupri\\_full\\_prescribing\\_information.pdf](https://insmed.com/pdf/brinsupri_full_prescribing_information.pdf)

<b>Revision / Date</b>	<b>Implementation Date</b>
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