

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Brinsupri (Brensocatib)

Clinical Criteria Information Included in this Document

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- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and presentation to the DUR Board

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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| BRINSUPRI 10 MG TABLET | 58214 |
| BRINSUPRI 25 MG TABLET | 58215 |



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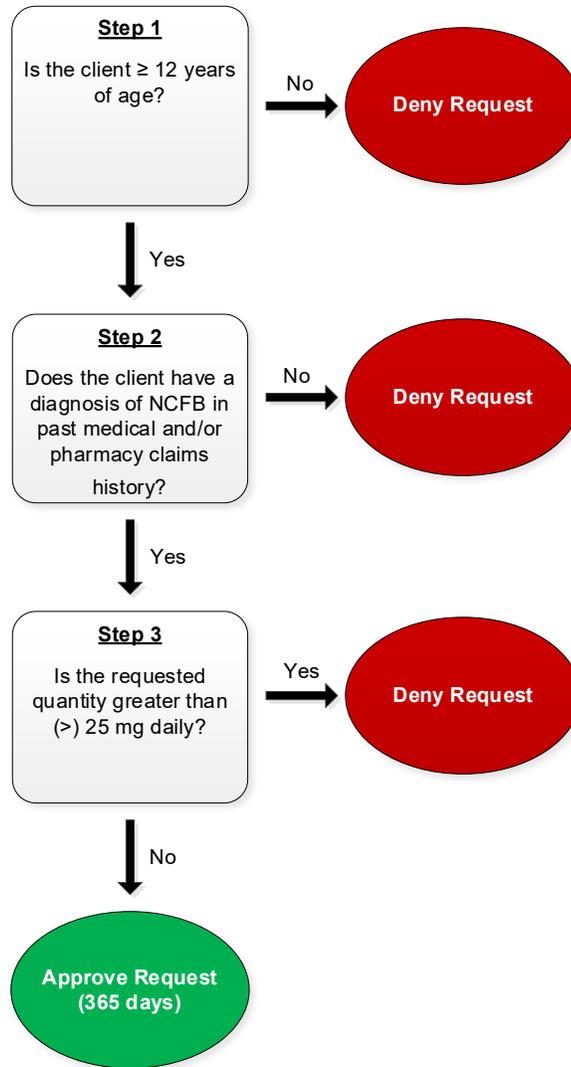
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 12 years of age?
 - Yes – Go to #2
 - No – Deny
2. Does the client have a [diagnosis of non-cystic fibrosis bronchiectasis \(NCFB\)](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #3
 - No – Deny
3. Is the requested quantity greater than ($>$) 25 mg daily?
 - Yes – Deny
 - No – Approve (365 days)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

| Table 2 (diagnosis of non-cystic fibrosis bronchiectasis (NCFB)) | |
|--|---|
| ICD-10 Code | Description |
| J470 | BRONCHIECTASIS WITH ACUTE LOWER RESPIRATORY INFECTION |
| J471 | BRONCHIECTASIS WITH (ACUTE) EXACERBATION |
| J479 | BRONCHIECTASIS, UNCOMPLICATED |

**Brinsupri (Brensocaticb)****Clinical Criteria References**

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2026. Available at www.clinicalpharmacology.com. Accessed on January 23, 2026.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on January 23, 2026.
3. 2026 ICD-10-CM Diagnosis Codes, Volume 1. 2026. Available at www.ICD10data.com. Accessed on January 23, 2026.
4. Brinsupri Prescribing Information. Bridgewater, NJ. Insmmed Incorporated. August 2025.

**Brinsupri (Brensocatib)****Publication History**

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

| Publication Date | Notes |
|------------------|---|
| 01/23/2026 | <ul style="list-style-type: none">Initial publication and presentation to the DUR Board |