



# Prior Authorization Criteria

Kentucky Medicaid

## BRINSUPRI (BRENSOCATIB)

**Approval Duration:** 6 months initial, 12 months renewal

**Quantity Limit:** 1 tablet per day

**Age Limit:** ≥ 12 years

### 1. INITIAL APPROVAL CRITERIA

- Provider attestation of a non-cystic fibrosis bronchiectasis diagnosis, confirmed by chest computed tomography (CT) scan; **AND**
- Prescribed by, or in consultation with, a pulmonologist or other specialist in the treatment of this disease; **AND**
- Prescriber attestation that the patient meets ONE of the following:
  - Aged 18 years and older with ≥ 2 exacerbations; **OR**
  - Aged 12 to 17 years with ≥ 1 exacerbation; **AND**
- Patient experienced exacerbations that required antibiotic treatment in the past 12 months; **AND**
- Provider attestation that the patient may not be a current smoker. If a smoker, they should be counseled on the harmful effects of smoking on pulmonary diseases and be informed about available smoking cessation options.

### 2. RENEWAL CRITERIA

- Provider attestation that the patient has demonstrated a positive response to therapy by one of the following:
  - Improvement or stabilization of symptoms; **OR**
  - Reduction in or stabilization of the frequency, severity, or duration of exacerbations; **OR**
  - Reduction in the decline of FEV1.