ICER SNAPSHOT

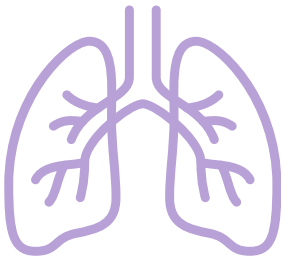
Reviewed by: COPD Foundation DBA The Bronchiectasis and NTM Association
The reviewing organization is not responsible for the final contents of ICER's Report or Snapshot, nor should their review be assumed to support any part of ICER's findings.
This document's language was revised with assistance from Claude (Sonnet 4.5), an AI assistant created by Anthropic.

The ICER Snapshot is a summary designed to help patients and the broader community learn about the key results and recommendations from ICER's 2025 Final Evidence Report on brensocatib for non-cystic fibrosis bronchiectasis (NCFB).

The information included is up to date as of October 2025. New information about this therapy may become available, but is not captured here.

Let's Take a Look

What is NCFB?
Impact on Patients and Families
Treatment & Clinical Trial Results
How Did ICER Calculate a Fair Price?
Policy Recommendations & Patient Engagement



What is Non-Cystic Fibrosis Bronchiectasis?

Non-Cystic Fibrosis Bronchiectasis (NCFB) is a progressive lung disease. People with this condition make extra mucus in their lungs, which can cause them to cough a lot. Sometimes their symptoms get worse (acute pulmonary exacerbation), and they have trouble breathing.



The disease creates a destructive cycle, known as a "vicious vortex" in the lungs: bacteria cause infections, the lung structure gets damaged, inflammation happens, and your body has trouble getting rid of built-up mucus, leading to more bacteria and infections. About 350,000-500,000 adults in the United States (US) have NCFB. Many people with NCFB also have NTM infections, which can increase symptoms.

Besides brensocatib (Brinsupri™), there are currently no other treatments specifically for NCFB. Patients with stable symptoms can do airway clearance therapies and try to stay active to manage symptoms. Patients experiencing an exacerbation may need antibiotics or treatments that can help clear mucus from their lungs.

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Impact on Patients and Families

What ICER Learned from the Community

People with NCFB said **the disease affects every part of their life - how they feel, their relationships, work and financial goals, and daily activities.** Many patients need to get help from family and friends. This help includes rides to doctor visits, help with treatments, daily tasks, house cleaning, and someone to talk to.





Many patients said **doctors don't always recognize the disease right away, or mistake it for other illnesses**. This makes patients feel worried and upset. Patients also **have trouble finding doctors and breathing specialists** who know a lot about NCFB.

Patients report taking care of themselves can be tiring and stressful. Most patients do daily airway clearance treatments with special equipment ranging from handheld devices to vibrating vests. They also usually need to take inhaled medications. These treatments need to be done multiple times per day, and equipment needs to be cleaned after each use. This becomes very time-consuming, and patients spend less time with friends and family.



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Treatment of Focus & Clinical Context

BRENSOCATIB (BRINSUPRI™)

Brensocatib, made by Insmed Incorporated, may decrease the effects of lung inflammation, which is a part of the "vicious vortex."

Brensocatib (Brinsupri™) was approved by the FDA in August 2025



HELPFUL CLINICAL TERMS

NTM: Nontuberculous mycobacteria
Pulmonary Exacerbation: When breathing symptoms suddenly get worse and the patient needs treatment, usually antibiotics.
Vicious Vortex: A cycle where lung inflammation, damage, infection, and breathing problems all make each other worse.

What Did Clinical Trials Show?

TRIAL NAME	**PHASE 3 ASPEN**		
PARTICIPANTS	**1,721 participants (1,680 adults, 41 teenagers). All had symptomatic NCFB and experienced at least two acute pulmonary exacerbations requiring treatment (antibiotics) in the year before the study (at least one for teenagers).**		
TREATMENT GROUPS	**Brensocatib 10 mg (low dose) + usual care**	**Brensocatib 25 mg (high dose) + usual care**	**Placebo (usual care)**

RESULTS

~20% REDUCTION in the yearly rate of acute pulmonary exacerbations in both the low and high dose brensocatib treatment groups compared to placebo.

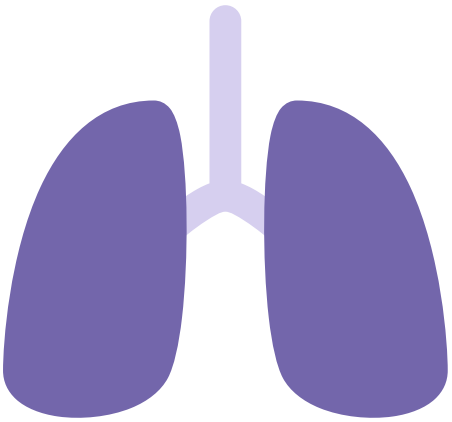
Only the HIGH DOSE (25 mg) group was associated with a slight reduction in the worsening of lung function vs. placebo.

SAFETY

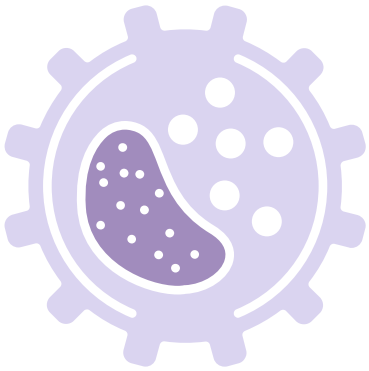
Brensocatib had few safety concerns in the trial. The most common side effects were **COVID-19, throat infections, coughing, and headaches**. Side effects including skin thickening, dental problems, severe infections, and pneumonia did not happen often across all treatment groups.

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What We Still Don't Know



- Brensocatib seems safe so far, but the study wasn't large enough to detect rare side effects. This is important to monitor since the treatment works in a way that hasn't been used before.
- We do not know yet if brensocatib helps people with less severe NCFB (with mild or no symptoms) or people with other lung problems along with NCFB (like asthma).
- This treatment could potentially reduce lung inflammation and may break the vicious vortex that worsens NCFB, but we have no data to support this yet.
- For more information on the unknowns, please refer to our NCFB Final Report at www.icer.org.



Clinical Conclusion

B+

Both the low dose (10 mg) and high dose (25 mg) of brensocatib helped reduce how often patients experienced acute pulmonary exacerbations compared to the placebo. The higher dose group had less decline in lung function than the placebo group. Most patients tolerated the treatment well. People taking brensocatib have about the same amount of side effects as people taking the placebo. Both groups also stopped treatment at about the same rate. Given this, ICER rates treatment with brensocatib as **high certainty of at least a small net health benefit** ("B+").

ICER's report findings are not treatment advice. Patients and families should always talk with their doctors to make shared decisions about treatment for NCFB.

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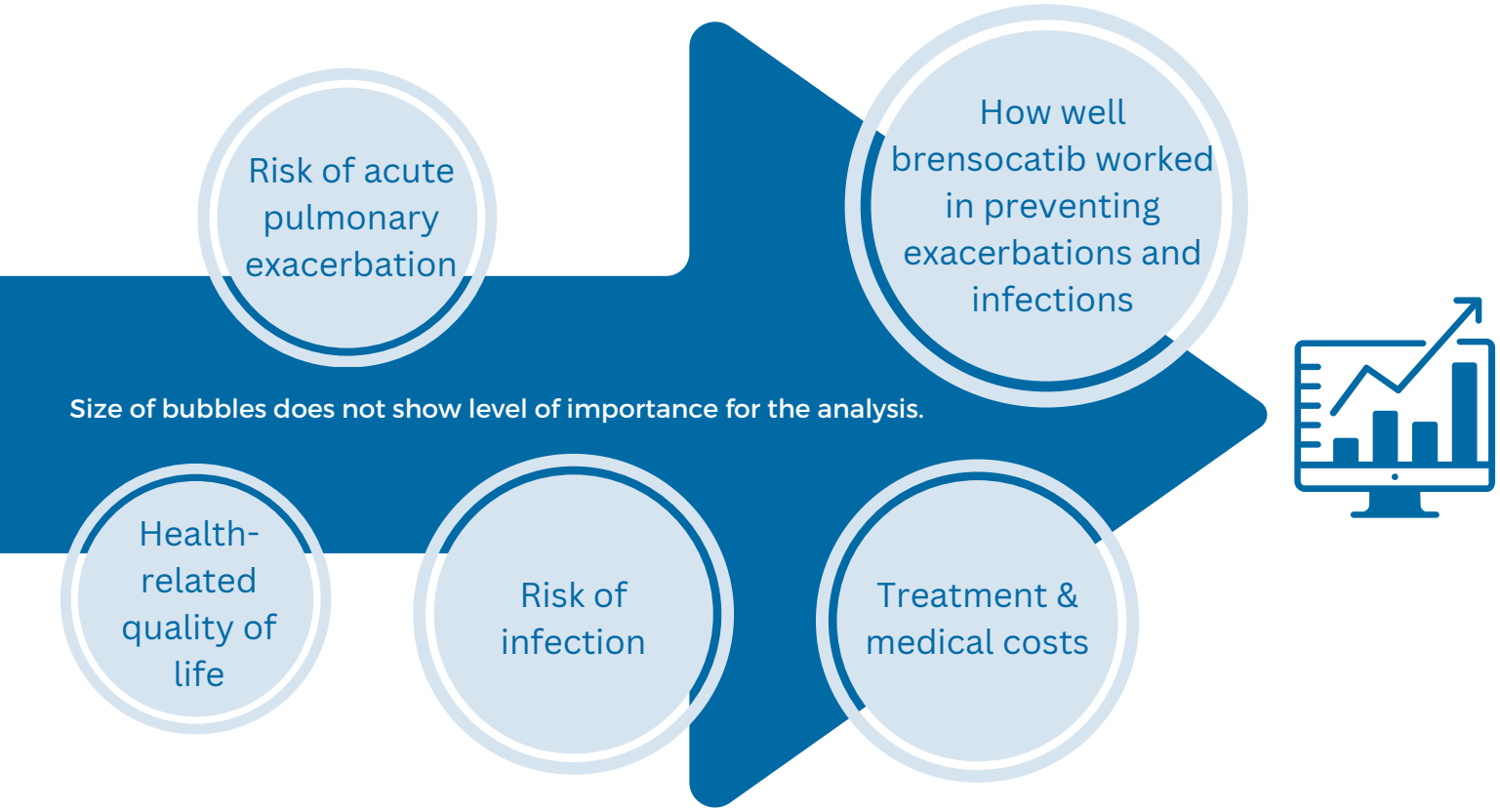
How Did ICER Calculate a Fair Price?

Using economic modeling, we calculated the cost-effectiveness of brensocatib plus usual care vs. usual care alone. See below for what types of information ICER considered to calculate a fair price range for this treatment.

Population

Patients with NCFB who had at least 2 exacerbations in the year prior to beginning treatment with brensocatib.

Factors Included in ICER's Economic Analysis



Fair Price Range for Brensocatib

$3,100 - $3,700 per year

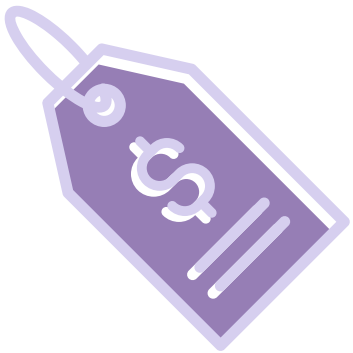
A fair price is how much a treatment should cost based on how well it works for patients. Our economic analysis concluded that a fair price range for brensocatib falls between $3,100 to $3,700 per year.

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Key Policy Recommendations

The Policy Roundtable at the ICER public meeting included two patient experts, one clinical expert, and two health insurance representatives. Their contributions informed several policy recommendations for pricing, access, guidelines, and future research in NCFB. A few key recommendations are summarized below.

1. Drug companies should set a price for brensocatib that matches how much the medicine helps patients. If the drug is priced too high, patients may not be able to afford or access brensocatib.



2. Respiratory therapists and nurses play important roles in helping patients use daily home treatments like those that clear airways. Health insurance companies should pay for these services to help patients take care of themselves at home.



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3

Physician groups should create treatment guidelines for NCFB in the United States that teach doctors how to manage the disease and how brensocatib should be used.

4

More research is needed to find new ways to help doctors accurately diagnose and treat NCFB earlier. New tools could help doctors order the right tests, like CT scans, for patients who have ongoing breathing problems or get frequent lung infections. Many patients who likely have NCFB don't get the tests they need to get the correct diagnosis. This is especially an issue for patients who don't have access to good health care.

Impact of Patient Engagement

There are ongoing efforts and resources available to help patients get diagnosed earlier and increase access to care, such as the Bronchiectasis and NTM Care Center Network.

Through group discussions and submissions to ICER's Share Your Story form, patients shared how NCFB affects their everyday life.

Feedback from patient groups was used in the economic model, such as the number of missed days from work caused by an exacerbation.

The Institute for Clinical and Economic Review (ICER) is an independent nonprofit organization that does research on how well new treatments work and what a fair price should be. Patients and families should always talk with their doctor to make shared decisions about the best treatment option for them.

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