



Brensocatib for Non-Cystic Fibrosis Bronchiectasis: Effectiveness and Value

Draft Questions for Deliberation and Voting: September 25, 2025 Public Meeting

These questions are intended for the deliberation of the CTAF voting body at the public meeting.

Patient Population for all questions: *Adolescents and Adults with Non-Cystic Fibrosis Bronchiectasis (NCFB).*

Note for all questions: *Usual care may include antibiotics, mucolytics, pulmonary rehabilitation, and airway clearance.*

Clinical Evidence

1. For patients with NCFB is the current evidence adequate to demonstrate that the net health benefit of brensocatib as an add-on therapy to usual care is greater than that of usual care alone?

Yes

No

Benefits Beyond Health and Special Ethical Priorities

To help inform judgments of overall long-term value for money, please indicate your level of agreement with the following statements:

1=Strongly Disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly Agree

2. There is substantial unmet need despite currently available treatments.
3. This condition is of substantial relevance for people from a racial/ethnic group that has not been equitably served by the healthcare system.

To help inform judgments of overall long-term value for money, please indicate your level of agreement with the following statements based on the relative effects of brensocatib as add on therapy to usual care versus usual care alone.

1=Strongly Disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly Agree

4. The treatment is likely to produce substantial improvement in caregivers' quality of life and/or ability to pursue their own education, work, and family life.
5. The treatment offers a substantial opportunity to improve access to effective treatment by means of its mechanism of action or method of delivery.
6. Other: as determined pre-meeting by ICER team based on input from patients, clinical experts, and appraisal committee members

Long-Term Value for Money

7. Given the available evidence on comparative clinical effectiveness and incremental cost-effectiveness, and considering benefits beyond health and special ethical priorities, what is the long-term value for money of brensocatib as add-on therapy to usual care compared to usual care alone at assumed pricing?*
- a. High long-term value for money at assumed pricing
- b. Intermediate long-term value for money at assumed pricing
- c. Low long-term value for money at assumed pricing

**This vote will only be taken if a price becomes available for brensocatib.*