

Louisiana Medicaid Gepirone (ExxuaTM)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for gepirone (ExxuaTM).

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 18 years of age or older on the date of the request; **AND**
- The recipient has a diagnosis of major depressive disorder (MDD); **AND**
- **ONE** of the following is true and **stated on the request**:
 - The recipient failed treatment with an adequate trial (6 weeks each) of at least **TWO** of the following pharmacologic therapies for MDD: SSRI, SNRI, bupropion, mirtazapine, vilazodone, vortioxetine; **OR**
 - The recipient has an intolerance or contraindication to **ALL** of the pharmacologic therapies for MDD listed above; **AND**
- **ALL** of the following are true and **stated on the request**:
 - The recipient does not have a prolonged QTc interval > 450 msec at baseline; **AND**
 - The recipient does not have congenital long QT syndrome.

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

Exxua (gepirone) [package insert]. San Antonio, TX: Mission Pharmacal Company; September 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/021164s000lbl.pdf

Revision / Date	Implementation Date
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