

## Louisiana Medicaid Gepirone (Exxua™)

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

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/2023/021164s0001bl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/021164s0001bl.pdf)

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