

Gepirone

Exxua

An extended-release antidepressant for adults. Heart checks are part of the treatment plan.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

Once daily, with food

Keep ECG and laboratory appointments

Diagram: M means the 1-PP metabolite. Its alpha2 action is preclinical; a separate benefit is uncertain.

What it is used for

Exxua is approved to treat major depressive disorder in adults. It is not approved for children or bipolar depression. Ask what changes to watch for in daily life.

It is not interchangeable with buspirone, and a similar receptor action does not establish an anxiety indication. Your prescription should have a clear treatment goal.

How it works

Gepirone acts at a serotonin receptor called 5-HT1A. This activity is thought to help depression, although the full explanation for its benefit is not known.

It is not an SSRI. Even so, combining it with other medicines that affect serotonin can cause a dangerous reaction. Check new medicines and supplements first.

What to expect over time

BEFORE STARTING

An ECG checks heart rhythm. Your team will review medicines, health history and blood salts such as potassium and magnesium.

EARLY DAYS

Dizziness or nausea may appear before benefit. Increases depend on tolerability and heart checks; never raise the dose yourself.

OVER WEEKS

Mood and daily function may improve gradually. Keep follow-up, and report worsening symptoms without waiting for the next visit.

Taking your medication

Take your prescribed dose once daily with food, at about the same time. Swallow the extended-release tablet whole; do not split, crush, chew or dissolve it.

Use the strength on your prescription. Older age, kidney or liver problems and interacting medicines may limit the dose. Do not copy someone else's schedule.

Keep refills and follow-up on track. Rise slowly if dizzy, and do not drive or use machinery while impaired. Ask before adding a sleep or nausea medicine.

When to get help

Urgent heart assessment: fainting, marked lightheadedness or a fast or irregular heartbeat.
Collapse, chest pain or severe symptoms: call 911.

Emergency care: fever with confusion, agitation, sweating and stiff or twitching muscles; seizure, trouble breathing or swelling of the face or throat.

Call promptly: suicidal thoughts, sudden mood worsening, agitation or little sleep with unusual energy.
Immediate danger: 911; U.S. crisis support: 988.

Early side effects

Dizziness, nausea, headache, insomnia, stomach pain and indigestion may occur. Discuss persistent effects; a slower prescribed increase may help.

Other effects to discuss

Dry mouth, bowel changes, tiredness, sweating, appetite or weight changes may occur. Sexual effects are possible; tell your team about changes.

What to keep track of

Keep ECG appointments before starting, during dose increases and periodically afterward. Blood-salt checks depend on your risks and medicines; report prolonged vomiting or diarrhea. Review mood, sleep, function and side effects, especially after changes. Mood checks matter at every age, particularly through age 24.

Before you start

Tell your team about fainting, heart rhythm problems, a personal or family history of long QT, kidney or liver disease, low potassium or magnesium, bipolar symptoms, pregnancy or breastfeeding. Some heart-rhythm findings, congenital long QT and severe liver disease rule out this medicine. Bring a full list of prescriptions, nonprescription products and supplements before starting or changing treatment.

Medicines & interactions

MAOIs, linezolid & IV methylene blue

Do not combine. At least 14 days are needed between an antidepressant MAOI and gepirone in either direction. Tell an urgent-care team you take gepirone.

Medicines that slow its breakdown

Strong CYP3A4 inhibitors cannot be combined. Moderate inhibitors require a prescribed dose change. Ask a pharmacist to check the combination; never cut an ER tablet to reduce the dose.

Medicines that speed its breakdown

Strong CYP3A4 inducers should be avoided because they can greatly lower exposure. Review seizure medicines, antibiotics and herbal products before any change.

Other serotonin medicines

Other antidepressants, triptans, some opioids and St. John's wort can add serotonin-syndrome risk. Check all pain, cough, migraine and mood products with your team.

Heart-rhythm and fluid-balance medicines

Some medicines add heart-rhythm risk and require more ECGs. Water pills and steroid medicines can affect potassium or magnesium. Do not stop prescribed medicines yourself.

Everyday tips

Link your daily dose to a regular meal and use a reminder.

Keep a short record of mood, sleep and troublesome effects.

Tell all clinicians and pharmacists that you take gepirone.

Use therapy and everyday supports alongside your prescription.

Your questions, answered

What if I miss a dose?

Take it when remembered unless it is time for the next dose; then skip it. Never take two doses together to catch up.

Can I stop when I feel better?

Make a plan with your prescriber. Stopping can bring symptoms back, and withdrawal symptoms may occur. There is no single label taper schedule; do not cut ER tablets.

Why not increase while I am still depressed?

Your ECG, other medicines and side effects may limit increases. More is not automatically better. Discuss persistent symptoms rather than adjusting the dose yourself.

What about pregnancy or breastfeeding?

Discuss benefits and risks; do not stop on your own. Data are limited; late exposure may affect newborns. If breastfeeding, ask about checking the baby's alertness, feeding and weight.

Storage & safety

Keep at room temperature in a dry place, securely away from children and pets. Never share; ask about pharmacy take-back. For overdose, call Poison Help at 1-800-222-1222 promptly. Collapse, seizure, breathing difficulty or inability to wake: call 911.

A final reminder

Read the current guide supplied with your prescription.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/medguide.cfm?setid=0c78edd8-6acb-433c-9d34-2527da8d64e1>
 2. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=0c78edd8-6acb-433c-9d34-2527da8d64e1>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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