

**Louisiana Medicaid  
Gepotidacin (Blujepa)**

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

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

**Approval Criteria**

- The recipient is 12 years of age or older on the date of the request; **AND**
- The recipient weighs  $\geq 40$  kg; **AND**
- **ALL** of the following apply and are **stated on the request**:
  - The recipient has a diagnosis of an uncomplicated urinary tract infection (uUTI) caused by the following susceptible microorganisms: *Escherichia coli*, *Klebsiella pneumoniae*, *Citrobacter freundii* complex, *Staphylococcus saprophyticus*, and *Enterococcus faecalis*; **AND**
  - Culture and sensitivity testing has identified the pathogen and demonstrated susceptibility to the requested medication; **AND**
  - Antibiotic resistance to all other appropriate oral therapies must be demonstrated by culture and sensitivity (**provide C & S report**), or a clinical reason is provided as to why non-resistant oral therapies cannot be used (i.e., treatment failure, contraindications, allergy, etc.).

**Duration of authorization approval: 5 days**

**Reference**

Blujepa (gepotidacin) [package insert]. Durham, NC: GlaxoSmithKline; February 2026.

[https://gskpro.com/content/dam/global/hcpportal/en\\_US/Prescribing\\_Information/Blujepa/pdf/BLUJEP\\_A-PI-MG.PDF](https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Blujepa/pdf/BLUJEP_A-PI-MG.PDF)

<b>Revision / Date</b>	<b>Implementation Date</b>
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