STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

Xanax XR® (alprazolam)

Prior Authorization Request Form

Prior authorization requests for Xanax XR will be approved if the following criteria are met:

1) Diagnosis of Panic Disorder; **AND**
2) Failure of a trial of an antidepressant for at least thirty (30) days; **AND**
3) A trial of at least thirty (30) days of generic alprazolam.

Review and Approved
DUR Board 11/16/2005