



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*