



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Byvalson™ (nebivolol/valsartan)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member required to fail 2 preferred ARBs and 2 preferred Beta Blockers
 - Medication is a combo ARB/Beta Blocker agent and listed in both categories of the Preferred Drug List, requiring failures in both categories