

May 2026

Business Updates



Attestation Portal Update – Cycle 2 Attestation Period

The [Kaiser Permanente Attestation Portal](#), the provider tool used to submit practitioner and location information, will close the Washington Cycle 2 attestation period on **May 28 (previously June 25)** to allow for portal enhancements to take place. If you need to make updates during this temporary closure, please be on the lookout for a follow-up communication that will include **interim submission links** to support any necessary changes. The email will be titled **“Early Closure of Current Attestation Cycle.”** Otherwise, the attestation portal is expected to **resume on June 17**, at which time users can continue completing their attestations as usual.

We appreciate your flexibility as we work to enhance the portal and improve the attestation process.

Clinical Updates



New preferred SGLT2 inhibitor for Kaiser Permanente Members

Background:

To improve medication affordability while maintaining high-quality clinical care, our preferred formulary sodium glucose co-transport-2 (SGLT2) inhibitor will transition from **empagliflozin (Jardiance)** to **dapagliflozin (generic Farxiga)** beginning May 5, 2026. Dapagliflozin is now available as a **generic** offering KP members comparable glycemic efficacy and cardiorenal benefits at a significantly lower cost share over empagliflozin (Jardiance).

General Dosing Guidance for Dapagliflozin:

Dapagliflozin is typically prescribed at **10 mg once daily**, which was the study dose for cardiorenal protection in trials.

- For use in chronic kidney disease (CKD) or heart failure (HF) a dose of 10mg can generally be started in patients with an eGFR ≥ 20 mL/min and may be continued at that dose until a patient progresses to dialysis.
- For patients with type 2 diabetes utilizing SGLT2 inhibitor therapy for glycemic control only, it is ok to start with 5 mg once a day and titrate to 10 mg once a day as needed for improved blood glucose. For patients with concomitant type 2 diabetes and cardiovascular or renal disease, consider targeting a daily dose of 10 mg.
- Be aware that dapagliflozin is less effect for glycemic management in patients when **eGFR <45 mL/min/1.73 m²**

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Safety and Monitoring – for SGLT2 inhibitors:

SGLT2 inhibitors overall are well tolerated by most patients. The following are important considerations for safe use of SGLT2 inhibitors.

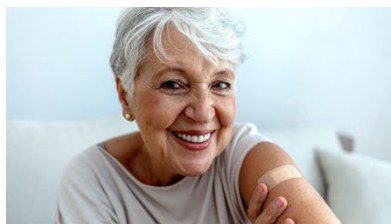
- **Volume depletion:** Based on SGLT2 inhibitor mechanism of action, there is a risk of volume depletion and patients at risk for dehydration should be monitored.
- **Genital mycotic infections:** Patients may experience a higher risk of genital mycotic infections. This risk can be lessened with adequate bathing and care.
- **Urinary tract infections:** There is an increase in glucose in the urine based on the mechanism of action of SGLT2 inhibitors. This can sometimes increase the risk for UTIs. Consider alternative therapy for patients experiencing regular issues with UTIs while on SGLT2 inhibitor therapy.
- **Euglycemic DKA** (rare; higher risk in T1DM): While it is rare for patients with type 2 diabetes to develop euglycemic DKA, the risk can be increased in cases of insulin insufficiency and use of keto or similar diets.
- **SGLT2-i Hold parameters:** Holding SGLT2 inhibitors during acute illness, surgery, or prolonged fasting is appropriate.

What to expect as patients transition to dapagliflozin:

- For any KP members newly started on SGLT2 inhibitor therapy, please prescribe dapagliflozin.
- Be aware that prescribers may receive requests to transition your patients to dapagliflozin (generic Farxiga) to take advantage of the improved pricing.
- Jardiance doses of 10 mg – 25 mg once daily can typically be converted to dapagliflozin 10mg once a day.

Thank you for your continued support of Kaiser Permanente members.

Kaiser Permanente Washington Health Research Institute (KPWHRI) News



[Researchers begin trial of *C. diff* vaccine](#)

Infection with *C. diff* can cause severe diarrhea. It usually occurs during or after antibiotic use. Older adults tend to be more susceptible, especially if they have been in the hospital or had frequent medical visits.

There currently isn't a *C. diff* vaccine approved by the Food and Drug Administration to protect against the infection. KPWHRI is one of many research sites worldwide testing an investigational vaccine developed by Pfizer Inc. The study, called BEETHOVEN, will look at how effective, safe, and well tolerated the vaccine is for decreasing *C. diff* infections among older adults. KPWHRI is inviting Kaiser Permanente Washington members age 65 and older to take part.

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[KPWHRI awarded funding to study anti-nausea drugs in pregnancy](#)

Nausea and vomiting are common in pregnancy, affecting 70% of pregnant people. Up to 20% of pregnant people take a prescription anti-nausea medication. While several medications are available, there is limited data on which works best, and questions have been raised about the safety of some medications for the fetus.

These research findings will help pregnant people make informed treatment decisions with greater confidence.

Provider Notices



Notices can be viewed on our [Provider Notices](#) page on the [Kaiser Permanente provider site](#). Please check our provider site on a regular basis for provider manual changes and updates.

We communicate changes to the [Provider Manual](#) in the [Provider eNews](#) for your convenience. However, it is your responsibility to remain updated on any changes by visiting our site regularly for updates on our policies and procedures.

- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR AMBULATORY SURGERY CENTER SITE OF CARE](#)
- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CERVICAL FUSION PROCEDURES](#)
- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR STEREOTACTIC RADIATION](#)
- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR SHOULDER ARTHROPLASTY](#)
- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR AUTOMATIC EXTERNAL DEFIBRILLATORS](#)
- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR BRAIN FUNCTIONAL MRI](#)
- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR INTENSITY MODULATED RADIATION THERAPY](#)
- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PANNICULECTOMY AND REMOVAL OF EXCESS/REDUNDANT SKIN](#)
- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR IN-LAB SLEEP STUDIES](#)
- [VENIPUNCTURE](#)
- [MEDICARE PART B DRUGS REQUIRING PRIOR AUTHORIZATION](#)
- [DARATUMUMAB HYALURONIDASE \(DARZALEX FASPRO\) UPDATED PRIOR AUTHORIZATION CRITERIA](#)
- [TILDRAKIZUMAB-ASMN \(ILUMYA\) UPDATED PRIOR AUTHORIZATION CRITERIA](#)
- [MEDICARE PART B DRUGS REQUIRING STEP THERAPY](#)
- [INFLIXIMAB \(REMICADE\) UPDATED PRIOR AUTHORIZATION CRITERIA](#)
- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR BIOMARKER TESTING FOR MULTIPLE SCLEROSIS](#)
- [CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR LIPECTOMY FOR LIPEDEMA](#)

Provider E-News

Provider Services Department



May 2026

EFT Deposit & Check Mailing Dates



2026 EFT Deposit & Check Mail Dates

Provider reimbursement checks are scheduled to be deposited ACH or mailed on the following dates. Mailed checks should arrive within approximately 3 business days.

January 2, 7, 8, 15, 23, 29

July 2, 8, 9, 16, 23, 30

February 5, 12, 20, 26

August 6, 13, 20, 27

March 5, 12, 19, 26

September 8, 11, 17, 24

April 2, 7, 9, 16, 23, 30

October 1, 7, 8, 15, 22, 29

May 7, 14, 21, 29

November 5, 13, 19, 27

June 4, 11, 18, 25

December 7, 10, 17, 24, 31

Holidays

New Year's Day

Monday, January 1

Martin Luther King Jr. Day

Monday, January 19

Presidents' Day

Monday, February 16

Memorial Day

Monday, May 25

Independence Day

Friday, July 3 (observed)

Labor Day

Monday, September 7

Thanksgiving

Thursday, November 26

Christmas

Friday, December 25

Provider Resources



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Learn more about our [Specialty Services](#).



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