

# XELSOURCE<sup>SM</sup>

## Answers and Support

TELEPHONE 1-855-493-5526 | FAX 1-866-297-3471 | HOURS 8:00 AM TO 8:00 PM ET

### Provider Authorization and Confidentiality Agreement

I \_\_\_\_\_, hereby request that I be provided access to the XELSOURCE HCP Portal.\* I certify that I have submitted patient enrollment forms to XELSOURCE Support Services and that I am managing the treatment of the patients for whom I have submitted an enrollment form.

I understand that the information contained in the XELSOURCE HCP Portal constitutes protected health information under the Health Insurance Portability and Accountability Act. I acknowledge and agree that I may not share my log-in name and password or disclose any information I obtain from the XELSOURCE HCP Portal to any other individual or entity. I agree to report any abuse or misuse of this system to XELSOURCE Support Services.

**NPI Number:** \_\_\_\_\_

Role	First name	Last name	Street Address	City, State & Zip	Email
Healthcare Provider					
Office Staff					
Office Staff					
Office Staff					

**Note: Healthcare provider's signature and NPI number must be included in order to receive access to the XELSOURCE HCP Portal.**

Please fax the completed form to 1-866-297-3471. Log in requests will be processed within 1-2 business days. You will receive two emails from XELSOURCE:

- 1) Email containing your log-in ID
- 2) Separate email containing your password

Healthcare Provider Signature: \_\_\_\_\_ Signed this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Please see full Prescribing Information for XELJANZ<sup>®</sup> (tofacitinib citrate) 5 mg tablets, including boxed warning and Medication Guide, available at [www.XELJANZHCP.com](http://www.XELJANZHCP.com).**

