

XELSOURCESM

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: _____

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