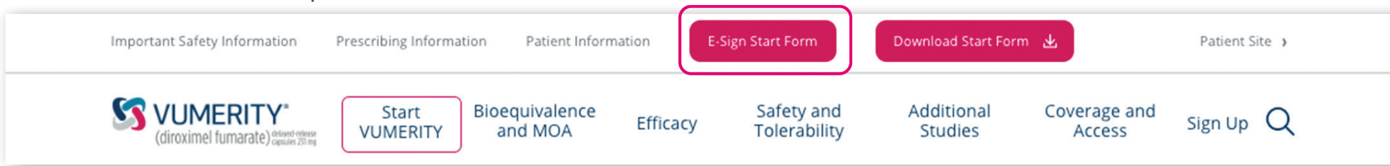
VUMERITY®
(diroximel fumarate) delayed-release capsules 231 mg

E-Sign Biogen® Start Forms via DocuSign

1

Visit www.vumerityhcp.com to initiate the process for completing a Biogen Start Form via DocuSign. Clicking on the **"E-Sign Start Form"** button will launch the DocuSign **"PowerForm."** See VUMERITY example below.



2

Once the DocuSign **"PowerForm"** has loaded, you will enter in the names and email addresses for the 3 roles required to complete the process: Provider, Prescriber, and Patient.

After you have entered the names and email addresses, click the **"BEGIN SIGNING"** button to fill out the Prescriber and Patient Information on the Biogen Start Form.

Biogen | BEGIN SIGNING | HELP

Please note valid email addresses are needed for each of the following roles in order to initiate electronic completion of the Patient Start Form via DocuSign

- **Provider:** The HCP representative or office staff responsible for completing the Start Form information, including patient information
- **Prescriber:** The HCP responsible for signing the prescription on the Start Form
- **Patient:** The patient being prescribed therapy and responsible for completing and signing the patient sections on the Start Form

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter name and email to begin the signing process.

Provider
Name: * Full Name
Email: * Email Address

Please provide information for any other signers needed for this document.

Prescriber
Name: * Full Name
Email: * Email Address

Patient
Name: * Full Name
Email: * Email Address

BEGIN SIGNING

Enter Provider or HCP Representative name and email address

Enter Prescriber name and email address

Enter Patient name and email address

3

Fill in the Patient and Prescriber information on the Start Form and click the **"FINISH"** button at the top of the screen.

Enter date with format MM/DD/YYYY | FINISH | FINISH LATER | OTHER ACTIONS

START FORM

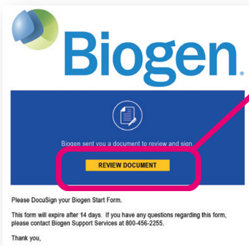
Enter Patient Information

Click the paper clip to attach copies of the patient's insurance card

Enter Prescriber Information

4

Once the HCP representative, **"Provider,"** completes the required fields, the Start Form is emailed to the **"Prescriber"** for review and signature.

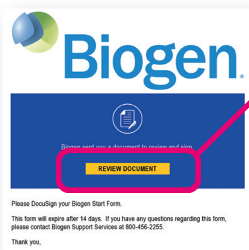


This is an example of the email.

Review, sign, and date (Prescriber)

5

Once the **"Prescriber"** completes the required fields, the Start Form is emailed to the **"Patient"** for review and signature.



This is an example of the email.

Review, sign/date, and check (Patient)

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