



Q2 2024 Financial Results and Business Update

August 7, 2024



Today's Agenda

Sections	Presenter(s)
Opening Remarks	Saqib Islam <i>Chief Executive Officer</i>
OGSIVEO for Desmoid Tumors	Bhavesh Ashar <i>Chief Commercial Officer</i>
Mirdametinib for NF1-PN	Jim Cassidy, MD, PhD <i>Chief Medical Officer</i>
Financial Results	Frank Perier, Jr. <i>Chief Financial Officer</i>
Looking Ahead	Saqib Islam <i>Chief Executive Officer</i>
Q&A	All

Forward-Looking Statements

Note: Unless otherwise indicated, the information presented herein is as of August 2024 and made publicly available on August 7, 2024.

This presentation may contain “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995, as amended, relating to our business, operations, and financial conditions, including but not limited to current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, our development and commercialization plans, our preclinical and clinical results, the market potential of OGSIVEO for adult patients with desmoid tumors, expectations regarding the adequacy of the data contained in the nirogacestat MAA to serve as the basis for marketing approval of nirogacestat for the treatment of desmoid tumors in the European Union, the potential for the results of the Phase 2b ReNeu clinical trial to support an approval of the mirdametininib NDA or an MAA submission for mirdametininib in 2H 2024, our plans to report additional data from the Phase 2b ReNeu clinical trial at an upcoming medical conference and submit for publication data from such clinical trial in a peer-reviewed medical journal in 2024, our plans to present additional data from the Phase 3 DeFi trial of nirogacestat at upcoming conferences, the potential for mirdametininib to become an important new treatment for patients with NF1-PN, our plans for seeking regulatory approval for and making mirdametininib available for NF1-PN patients, if approved, expectations regarding the timing and initial data from the Phase 2 trial evaluating nirogacestat in patients with recurrent ovarian granulosa cell tumors, our expectations and the timing of the Phase 1a trial of SW-682, our plans to report additional clinical data of nirogacestat in combination with BCMA-directed therapies and initiate additional planned Phase 1 collaborator studies, our expectations and the timing of the Phase 1b dose expansion phase of brimrafenib, our expectations regarding the timing of enrollment in our combination therapy oncology programs, our plans to present additional data for brimrafenib monotherapy in MAPK-mutant solid tumors in 1H 2025, expectations about whether our patents for our lead assets will adequately protect SpringWorks against competition, as well as relating to other future conditions. Words such as, but not limited to, “look forward to,” “believe,” “expect,” “anticipate,” “estimate,” “intend,” “plan,” “would,” “should” and “could,” and similar expressions or words, identify forward-looking statements. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. Any forward-looking statements in this presentation are based on management’s current expectations and beliefs and are subject to a number of risks, uncertainties and important factors that may cause actual events or results to differ materially from those expressed or implied by any forward-looking statements contained in this presentation, including, without limitation, risks relating to: (i) the success of our commercialization efforts with respect to OGSIVEO, (ii) our limited experience as a commercial company, (iii) our ability to obtain or maintain adequate coverage and reimbursement for OGSIVEO, (iv) the success and timing of our product development activities, including the initiation and completion of our clinical trials, (v) our expectations regarding the potential clinical benefit of OGSIVEO for adult patients with desmoid tumors who require systemic treatment, (vi) the potential for OGSIVEO to become the new standard of care for adult patients with desmoid tumors, (vii) estimates regarding the number of adult patients who are diagnosed with desmoid tumors annually per year in the U.S. and the potential market for OGSIVEO, (viii) the fact that topline or interim data from clinical studies may not be predictive of the final or more detailed results of such study or the results of other ongoing or future studies, (ix) the success and timing of our collaboration partners’ ongoing and planned clinical trials, (x) the timing of our planned regulatory submissions and interactions, including the timing and outcome of decisions made by the FDA, EMA, and other regulatory authorities, investigational review boards at clinical trial sites and publication review bodies, (xi) whether FDA, EMA, or other regulatory authorities will require additional information or further studies, or may fail or refuse to approve or may delay approval of our product candidates, including nirogacestat and mirdametininib, (xii) our ability to obtain regulatory approval of any of our product candidates or maintain regulatory approvals granted for our products, (xiii) our plans to research, discover and develop additional product candidates, (xiv) our ability to enter into collaborations for the development of new product candidates and our ability to realize the benefits expected from such collaborations, (xv) our ability to maintain adequate patent protection and successfully enforce patent claims against third parties, (xvi) the adequacy of our cash position to fund our operations through any time period indicated herein, (xvii) our ability to establish manufacturing capabilities, and our and our collaboration partners’ abilities to manufacture our product candidates and scale production, and (xviii) our ability to meet any specific milestones set forth herein.

Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. Although we believe the expectations reflected in such forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements.

For further information regarding the risks, uncertainties and other factors that may cause differences between SpringWorks’ expectations and actual results, you should review the “Risk Factors” section(s) of our filings with the Securities and Exchange Commission.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and our own internal estimates and research. While SpringWorks believes these third-party sources to be reliable as of the date of this presentation, we have not independently verified, and make no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.

Opening Remarks

Saqib Islam

Chief Executive Officer



SpringWorks Therapeutics Is Executing as a Commercial-Stage Targeted Oncology Company



PATIENTS
ARE COUNTING
ON US
LET'S GO

OGSIVEO is rapidly establishing itself as the new standard of care for desmoid tumors, with \$40.2M net product revenue in 2Q 2024

NDA submission for mirdametinib in NF1-PN complete, setting up potential second approval by 2025

Advancing diversified pipeline of late- and early-stage oncology programs in patient populations with high unmet need

Robust intellectual property portfolio providing durable patent protection into 2043 for both lead assets

Capital efficient operating model and strong financial position with \$521.9M in cash⁽¹⁾ expected to fully fund operations through profitability

Note: NDA: New Drug Application; NF1-PN: Neurofibromatosis Type 1, Plexiform Neurofibromas.
(1) Represents cash, cash equivalents, and marketable securities as of June 30, 2024.

OGSIVEO for Desmoid Tumors

Bhavesh Ashar

Chief Commercial Officer



OGSIVEO Is the Systemic Standard of Care for the Treatment of Adults with Desmoid Tumors



***\$40.2M in net product
revenue for 2Q 2024***

ROBUST ADOPTION

for patients at all points in their treatment journeys

BREADTH AND DEPTH OF PRESCRIBING

by physicians at Centers of Excellence and in the community

PROFOUND CLINICAL BENEFIT

with real-world experience aligning with clinical trial data

ENHANCED PATIENT EXPERIENCE

with successful introduction of blister packs

CONTINUED BROAD ACCESS

with reimbursement across payor landscape

Feedback to Date Reinforces Strong Satisfaction and Preference for OGSIVEO

Adoption and Feedback From Surveyed Oncologists⁽¹⁾

>95% of OGSIVEO prescribers have expressed satisfaction with OGSIVEO treatment

>85% of OGSIVEO prescribers prefer it to other systemic treatments

>95% of OGSIVEO prescribers are likely to use as a front-line treatment

Real-World Experiences of Rapid Pain Resolution

“
My patients who were prescribed OGSIVEO saw pain reduction within days of treatment initiation...such a positive experience to see early symptomatic benefit.

—
- *Community oncologist*

”
“
My pain level is down to between a zero and a one... I can move, pick up my kids, get in and out of bed. I can run around and play soccer with my son and chase my daughter in the playground.

—
- *OGSIVEO patient*

OGSIVEO Is Addressing the Needs of Patients at All Stages of Their Desmoid Tumor Treatment

U.S. Patient Population

~1,000-1,650
new patients
diagnosed annually

~5,500-7,000
patients actively
managed annually

30,000+
total diagnosed
prevalent patients

Uptake among incident population driven by physician willingness and preference to use as 1L treatment option

Rapidly established as the systemic standard of care, with ICD-10 claims data validating size of patient population

Opportunity to address prevalent pool over time, as most patients require active intervention over the course of their disease

Continuing Momentum and Innovation in 2H 2024 and Beyond



Creating avenues for experts to educate on guideline-based treatment, the role of systemic therapy, and availability of OGSIVEO



Enhancing patient experience with simplified dosing from blister packaging and best-in class support and education through SpringWorks CareConnections

Continued Clinical and Regulatory Execution Positions OGSIVEO for Long-Term Success

Recent Data Presentations

- Consistent safety and efficacy demonstrated in high-risk populations^(1,2)
- In longer-term OT data, investigators reported resolution in 78% of females of reproductive potential (100% of patients who stopped treatment and 71% who stayed on therapy)^(3,4)
- Updated DeFi OT resolution data further supporting transience of OT^(3,4)

2024 ASCO[®]
ANNUAL MEETING



Upcoming Milestones

- MAA review is ongoing with potential for EC approval in 2025
- Expect to present long-term follow-up data from DeFi at a medical conference in 2H 2024

Note: OT: ovarian toxicity; MAA: Marketing Authorization Application; EC: European Commission.

(1) Vincenzi et al., Efficacy of nirogacestat in participants with poor prognostic factors for desmoid tumors: Analyses from the randomized phase 3 DeFi study. JCO 42, 11556-11556(2024).

(2) Kasper et al., Efficacy and safety of nirogacestat in patients with desmoid tumor and adenomatous polyposis coli (APC) mutation: Phase 3 DeFi analyses. JCO 42, 11558-11558(2024).

(3) Loggers et al., Monitoring ovarian function in oncology studies: Results and insights from the DeFi phase 3 study of nirogacestat in desmoid tumor. JCO 42, 11520-11520(2024).

(4) Loggers et al., Onset and resolution of ovarian toxicity with nirogacestat treatment in females with desmoid tumors: Updated safety analyses from the DeFi phase 3 study. Cancer. 2024 May 4.

Mirdametinib for NF1-PN

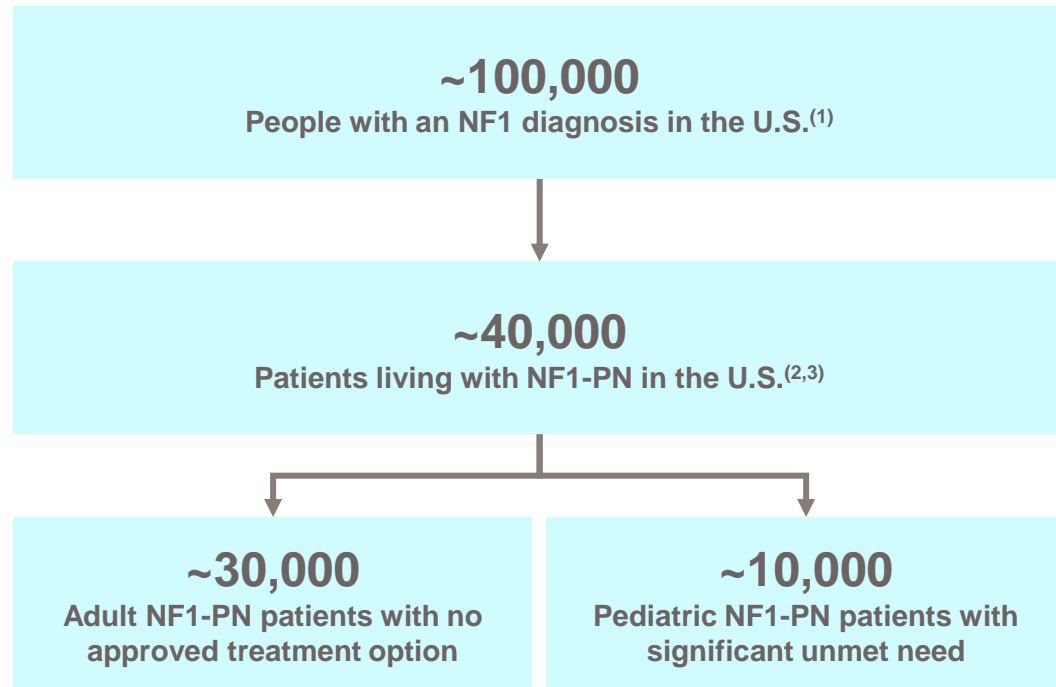
Jim Cassidy, MD, PhD

Chief Medical Officer



Mirdametinib Has the Potential to Address the Substantial Unmet Needs for NF1-PN Patients

U.S. NF1-PN Patient Population



NF1-PN is a disfiguring and highly morbid growth along nerves, often causing chronic, disabling pain

Currently no standard of care; highly fragmented treatment landscape with significant use of off-label systemic options

No approved options for adult patients; challenges with administration and tolerability limit use of currently available options for pediatric patients

Phase 2b ReNeu data support mirdametinib's potential to be first-in-class therapy for adult NF1-PN patients and best-in-class option for pediatric patients

ReNeu Data Support Mirdametinib's Potential Best-in-Class Profile in Adults and Children

Meaningful Antitumor Activity	<ul style="list-style-type: none">• Robust ORRs confirmed by BICR• Deep responses, with majority of responders experiencing tumor volume reduction over 50%
Manageable Safety Profile	<ul style="list-style-type: none">• Low rates of Grade 3+ toxicities and dose interruptions• Extended treatment durations
Enhanced Quality Of Life	<ul style="list-style-type: none">• Statistically significant improvements in patient-reported outcomes• Early, sustained, and clinically meaningful benefits in worst tumor pain and pain interference
Significant Patient Convenience	<ul style="list-style-type: none">• Convenient dosing schedule and dispersible tablet formulation• High willingness to keep taking dispersible tablet, with ease of swallowing reported by patients and caregivers



Maintaining Positive Momentum for Mirdametinib Toward Goal of Second Approval in 2025

Regulatory Status

- Orphan Drug designation for NF1 granted by FDA and European Commission
- Fast Track and Rare Pediatric Disease designations for NF1-PN also granted by FDA
- Completed NDA submission in June 2024

Upcoming Milestones

- Complete MAA submission in 2H 2024
- ReNeu manuscript expected to be published in a peer-reviewed journal in 2H 2024
- Additional analyses to be presented at upcoming medical congresses

Financial Results

Frank Perier, Jr.

Chief Financial Officer



Second Quarter 2024 Financial Highlights

Key Second Quarter 2024 Financial Results (Unaudited) (\$ in millions)	Three Months Ended June 30,		Six Months Ended June 30,	
	2024	2023	2024	2023
OGSIVEO revenue, net	\$40.2	--	\$61.2	--
Other revenue ⁽¹⁾	19.5	--	19.5	--
Total revenue	\$59.7	--	\$80.7	--
Cost of product revenue	2.5	--	3.6	--
Selling, general and administrative expense	57.8	47.0	118.0	91.2
Research and development expense	44.4	35.9	98.0	69.4
Total operating costs and expenses	\$104.7	\$82.9	\$219.6	\$160.6
Interest and other income (expense)	6.8	5.8	14.3	11.4
Equity method investment loss	(1.8)	(0.9)	(2.8)	(2.2)
Net loss	(\$39.9)	(\$77.9)	(\$127.3)	(\$151.3)

- Cash, cash equivalents, and marketable securities of \$521.9 million as of June 30, 2024
 - No debt
 - Cash on hand expected to fully fund operations through profitability
- 74.3M common shares outstanding as of August 1, 2024

Looking Ahead

Saqib Islam

Chief Executive Officer



Expanding Our Opportunity Set Across the Pipeline

Nirogacestat

Gamma Secretase Inhibitor

Advancing expansion opportunities in rare oncology, including ovarian granulosa cell tumors (OvGCT), and BCMA combinations in multiple myeloma

Mirdametinib

MEK Inhibitor

Pursuing monotherapy and combination therapy applications in pediatric low-grade glioma and MAPK mutant solid tumors, including melanoma and non-small cell lung cancer

Brimarafenib⁽¹⁾

RAF Fusion & Dimer Inhibitor

Encouraging antitumor activity demonstrated across multiple MAPK mutations and tumor types supports development as monotherapy and in combination approaches

SW-682

TEAD Inhibitor

In Phase 1 trial for Hippo-mutant solid tumors with profile as a selective agonist of TEAD dependent transcription and preclinical activity demonstrated against all TEAD isoforms

Unlocking Value With Focused Execution in 2024 and Beyond

Accomplishments (1H 2024)

- ✓ Completed MAA submission for nirogacestat to EMA in 1Q 2024
- ✓ Presented additional DeFi analyses with nirogacestat at ASCO in 2Q 2024
- ✓ Completed NDA submission for mirdametinib to FDA for children and adults with NF1-PN in 2Q 2024
- ✓ Presented ReNeu trial data for mirdametinib at ASCO, Global NF Conference, and ISPNO in 2Q 2024
- ✓ Presented Phase 1/2 data for mirdametinib in pLGG through collaboration with St. Jude Children's Research Hospital at ISPNO in 2Q 2024
- ✓ Initiated Phase 1 trial of SW-682 (TEAD inhibitor) in Hippo-mutant solid tumors in 2Q 2024
- ✓ Initiated Phase 1b trial of brimarafenib⁽¹⁾ with panitumumab in CRC and pancreatic cancer patients in 1Q 2024

Anticipated Milestones (2H 2024+)

- Present nirogacestat long-term follow-up data from DeFi at a medical conference in 2H 2024
- Continue to expand opportunity set for nirogacestat across indications, including OvgCT with initial Phase 2 data expected in 2H 2024
- Complete MAA submission for mirdametinib in 2H 2024
- Publish manuscript of mirdametinib data from ReNeu in peer-reviewed journal in 2H 2024
- Present additional data for brimarafenib⁽¹⁾ monotherapy in MAPK-mutant solid tumors in 1H 2025
- Advance early-stage assets and discovery work, while seeking to expand portfolio through investment in internal programs and opportunistic business development

Note: MAA: Marketing Authorization Application; EMA: European Medicines Agency; ASCO: American Society of Clinical Oncology; OvgCT: ovarian granulosa cell tumors; NDA: New Drug Application; NF1-PN: neurofibromatosis type 1, plexiform neurofibromas; ISPNO: International Symposium on Pediatric Neuro-Oncology; pLGG: pediatric low-grade glioma; CRC: colorectal cancer.

(1) Being developed by MapKure, a joint venture owned by SpringWorks and BeiGene. Listed milestones to be achieved through MapKure.

THANK YOU



DANA
LIVING WITH A DESMOID
TUMOR



ANTWAN
LIVING WITH
NF1-PN



ALEX
LIVING WITH
NF1-PN

Q&A Session

