SpringWorks CareConnections™ Commercial Copay Program for OGSIVEO® (nirogacestat)

The Commercial Copay Program (the "Program") provides reimbursement for eligible, commercially insured patients' cost-sharing obligations (including deductibles, copayments, coinsurance, or amounts in excess of out-of-pocket maximums) for OGSIVEO, up to an annual maximum limitation, as may be adjusted from time to time in the sole discretion of the Program. The amount of reimbursement may vary, including based on an eligible patient's insurance coverage. Eligible patients may pay as little as $0 per fill of OGSIVEO after application of Program reimbursement.

Eligibility Criteria:

• Patient must be prescribed OGSIVEO

• Patient must have a valid prescription for OGSIVEO from a healthcare provider licensed in the U.S. or its territories or possessions

• Patient must reside in the U.S., or its territories or possessions, with a valid address (PO Box not acceptable)

• Patient must have commercial insurance coverage for OGSIVEO. Uninsured and cash-paying patients are not eligible

• Patient must have a copay greater than $0

• Patient must not be insured by a federally or state-funded plan, including, but not limited to, Medicare Part A, Medicare Part B, Medicare Part D, Medicare Advantage plans, a Medicare Prescription Drug Benefit Plan, Medicaid (including Medicaid patients enrolled in a managed care plan or qualified health plan purchased through a health insurance exchange/marketplace established by a state government or the federal government), Managed Medicaid, Medigap, VA, DoD, TRICARE or CHAMPUS, Puerto Rico Government Health Insurance, or any other state or federal medical or pharmaceutical benefit program or pharmaceutical assistance program, or where otherwise prohibited by law

• Patient must not be insured by any commercial payer that prohibits the provision of assistance under a manufacturer copay program. To the extent a payer imposes limits or requirements on the provision of such assistance, the patient may be eligible for the Program to such limits or requirements

Terms and Conditions:

• Program funds expire December 31 of each calendar year and reset on January 1

• Program is subject to an annual maximum benefit

• Patient, prescriber, and pharmacy agree not to seek reimbursement for any part of the benefit received by the patient through the Program

• Patient and prescriber are responsible for reporting receipt of Program benefits to any insurer, health plan, or other third party who pays for or reimburses any part of the medication cost paid for by the Program, as may be required

• Patient will receive one card, per patient, per life

• Patient may use Copay Card up to 15 times per calendar year

SpringWorks CareConnections™

Terms and Conditions (cont'd):

- Program benefits may apply to patient out-of-pocket costs incurred for OGSIVEO® (nirogacestat) up to 90 days prior to the Program enrollment date during the same calendar year, subject to the annual maximum benefit and the applicable terms and conditions. For clarity, out-of-pocket costs associated with a Product in the prior calendar year are not eligible for the benefit under the Program for the current calendar year

- The Program uses advanced logic to detect plans attempting to remove the benefit provided by this Program from applying to a patient's cost-sharing obligations (including deductibles, copayments, coinsurance, deductible or other amounts in excess of out-of-pocket maximums) for OGSIVEO. These programs are often referred to as accumulator or maximizer programs. If such programs are detected, the Program will automatically implement a per claim maximum of $25.00. In SpringWorks' sole discretion, alternate forms of assistance may be provided to certain impacted patients

- Benefits will not exceed the patient's private health insurance plan continuation of benefits portion of the pharmacy claim for the Product or the Program annual maximum benefit. Patient is responsible for any remaining costs for OGSIVEO after application of Program benefits and/or for amounts over the annual maximum benefit

- Copay assistance is for the cost of OGSIVEO only and does not cover any associated out-of-pocket costs

- The Program is void where prohibited by law, taxed, or restricted

- The Program is not health insurance and the availability of benefits under the Program does not constitute any guarantee of coverage under any prescription benefit insurance or program

- SpringWorks has the sole discretion to determine Program eligibility

- SpringWorks may amend, modify, or terminate this Program without notice at any time

- No purchase necessary and the availability of benefits under the Program is not conditioned on any past, present, or future purchase, including any potential future refills of Product

- Health plans, specialty pharmacies, pharmacy benefit managers, and vendors or agents of any of the foregoing (individually and collectively "Plan Agents") are prohibited from enrolling patients in the Program or assisting patients with enrollment in the Program. The patient, or a legal representative of the patient who is not a Plan Agent, must personally enroll the patient in the Program for the patient be eligible for Program benefits

- By submitting a request for benefits under the Program or by participating in the Program, each of the patient and prescriber acknowledges, understands, and agrees to the benefit, eligibility, and other program limitations, terms and conditions as set forth herein

SpringWorks
CareConnections™