



Forward Looking Statement

This presentation and the oral commentary may contain forward-looking statements that involve future events. These forward-looking statements include terminology such as "believe," "will," "may," "estimate," "continue," "anticipate," "contemplate," "intend," "target," "project," "should," "plan," "expect," "predict," "could," "potentially" or the negative of these terms. All statements other than statements of historical facts contained in this presentation, including statements regarding our future financial condition, timing for and outcomes of clinical results, prospective products, preclinical and clinical pipelines, regulatory objectives, business strategy and plans and objectives for future operations, are forward looking statements Forward-looking statements are our current statements regarding our intentions, beliefs, projections, outlook, analyses or current expectations concerning, among other things, our anticipated significant milestones in 2021; the timing of our ongoing and planned clinical development; the sufficiency of our cash, cash equivalents and investments to fund our operations into the fourth quarter of 2023; our development programs for Zokinvy generally; and the potential approval of Zokinvy in jurisdictions outside of the U.S., including the EU in 2021; our progression and continued enrollment of our Phase 3 D-LIVR study in HDV; our ability to maintain supply of our commercial and clinical trial materials; our plans to advance Lambda in HDV in the U.S. and EU; our progression of Lambda for COVID-9 and Avexitide for PBH and CHI; our ability to finance the continued advancement of our development pipeline products; and the potential for success of any of our product candidates. These statements concern product candidates that have not yet been approved for marketing by the U.S. Food and Drug Administration (FDA). No representation is made as to their safety or effectiveness for the purposes for which they are being investigated. Various important factors could cause actual results or events to differ materially from the forward-looking statements that Eiger makes, including additional applicable risks and uncertainties described in the "Risk Factors" sections in the Quarterly Report on Form 10-Q for the guarter ended March 31, 2021 and Eiger's subsequent filings with the SEC. The forward-looking statements contained in this press release are based on information currently available to Eiger and speak only as of the date on which they are made. Eiger does not undertake and specifically disclaims any obligation to update any forward-looking statements, whether as a result of any new information, future events, changed circumstances or otherwise. Additional information may be available in press releases or other public announcements and public filings made after the date of this presentation.

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Corporate Highlights

BUILDING A FULLY-INTEGRATED ORGANIZATION, SCALABLE FOR FUTURE GROWTH



- U.S. Commercial Launch: Progeria and processing-deficient progeroid laminopathies
- EMA approval expected in 2H 2021

HDV: >\$1B Opportunity

- LONAFARNIB: only oral therapy in Phase 3 *D-LIVR* study
- LAMBDA: a well-tolerated interferon entering Phase 3 LIMT-2 study

Lambda for COVID-19

- Positive Phase 2 results in **newly diagnosed**, **non-hospitalized patients**
- Entering Phase 3 in *TOGETHER* platform study in Brazil

Avexitide for Rare Metabolic Disorders

- PBH: Concurrence with FDA and EMA on single pivotal study
- CHI: FDA Rare Pediatric Disease Designation; PRV eligible

Strong Cash Position

- Well-funded with ~\$160.5M cash as of 3/31/21
- Expected to fund planned operations into Q4 2023

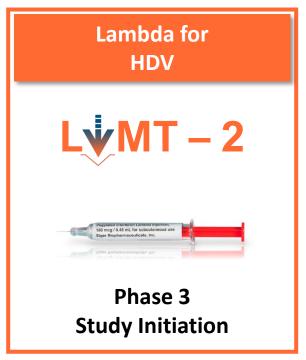


Expected Key Milestones in 2021

CATALYSTS FOR VALUE CREATION













FDA Approved for capsules 50 mg/75 mg Hutchinson-Gilford Progeria Syndrome (Progeria) & Processing-Deficient Progeroid Laminopathies





*Used with permission



Progeria: Ultra-Rare, Fatal, Premature Aging Pediatric Disease



- Point mutation in the Lamin A gene
 - Results in a farnesylated aberrant protein, Progerin
 - Disruption of scaffold structure of the nuclear membrane
- Accelerated cardiovascular decline
- Average lifespan = 14.5 years without ZOKINVY treatment
- 90+ children and young adults treated with ZOKINVY
- ZOKINVY demonstrated survival benefit:
 - 60% reduction in risk of mortality
 - 2.5-year increase in mean survival
- Most common AEs are GI related

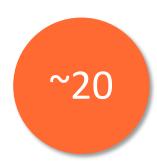




W/W Prevalence ~ 400 Children with Progeria

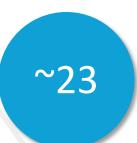


U.S. COMMERCIAL LAUNCH JANUARY 2021



Patients Identified in U.S.

- -FDA-approved
- -Commercial launch Jan 2021



Patients Identified in EU

-EMA approval expected 2H 2021

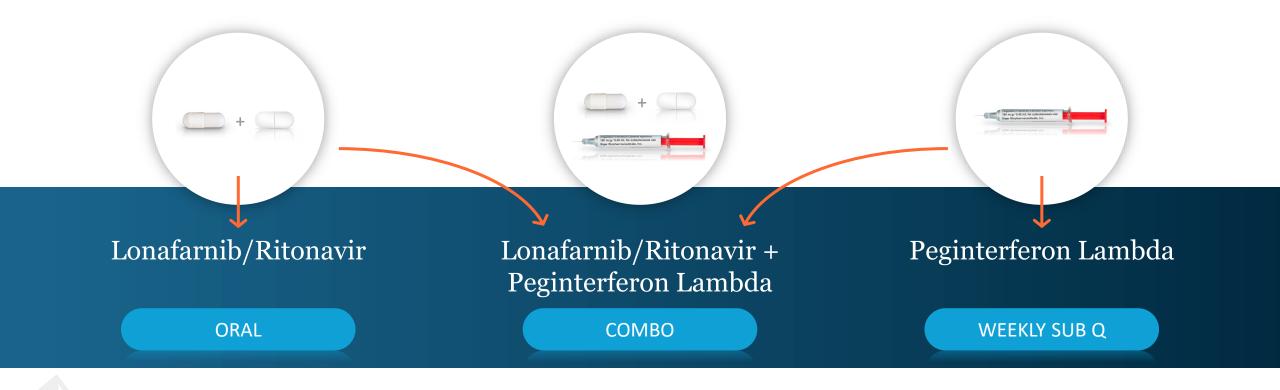
~180 Identified Children with Progeria & Progeroid Laminopathies*



Eiger HDV Franchise



POTENTIAL FOR CONVENIENCE AND OPTIONALITY FOR HDV PATIENTS



- Potential HDV cure and maintenance therapies
- Foundational therapies for future combinations



HDV is Always a Co-infection with HBV

HDV REQUIRES HBsAg TO COMPLETE VIRUS ASSEMBLY

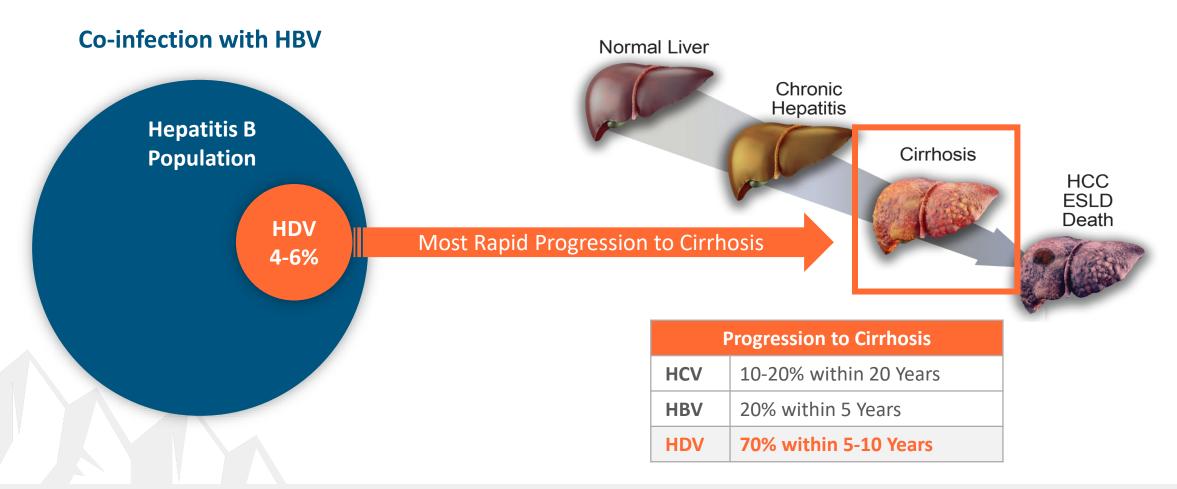
HDV HDV consists of HDV Large a single stranded, **HBsAg Acquired Through** genome delta antigen circular RNA virus, **PROTEIN PRENYLATION** with an envelope This is mechanism made up of HBsAg targeted by lonafarnib Small delta antigen **HBsAg HBV** surface antigen **HBV**



HDV: Most Severe Form of Viral Hepatitis



50% OF HDV-INFECTED PATIENTS ARE CIRRHOTIC AT DIAGNOSIS





12M HDV Patients Worldwide

~4-6% OF HBV-INFECTED POPULATION



Migration
Contributing to
Globalization
of Disease



\$1B+ HDV Market Opportunity



CONSERVATIVE MARKET PENETRATION, ORPHAN PRICING





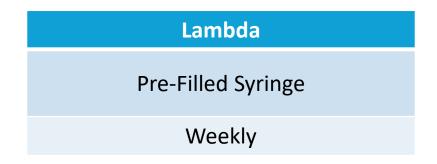




No FDA-Approved HDV Therapies: Treatments in Development

CHRONIC THERAPIES: CONVENIENCE MATTERS TO PATIENTS

| Lonafarnib / Ritonavir |
|------------------------|
| Oral |
| Daily |













Complementary Treatments for HDV in Development







Lonafarnib + Ritonavir

1st in class small molecule, oral prenylation inhibitor

Phase 3

Peginterferon Lambda

1st in class type III interferon

Phase 3 Ready



Lonafarnib for HDV



FIRST AND ONLY ORAL AGENT IN DEVELOPMENT FOR HDV

- Well-characterized in patients
 - > 2,000 patients dosed in oncology program by Merck (Schering)
 - > 90 children dosed in Progeria program by Boston Children's Hospital
 - > 170 patients dosed in HDV program
 - Longest duration of dosing > 10 years
- Most common AEs are GI related
- Orphan Designation U.S. and EU
- FDA Breakthrough Therapy Designation
- EMA **PRIME** Designation
- Patent estate covers broad range of lonafarnib + ritonavir doses and durations



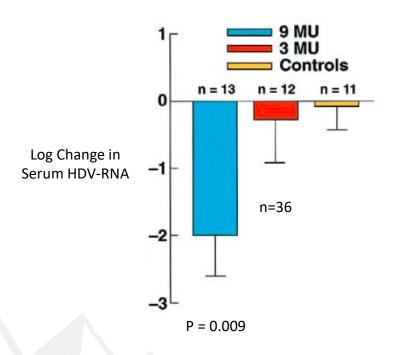


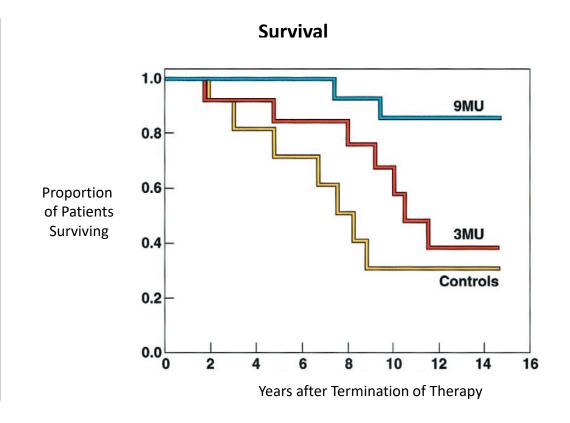


HDV-RNA REDUCTION IMPROVES CLINICAL OUTCOMES

Interferon- α for 48 Weeks with 15 year Follow Up

Change in HDV-RNA



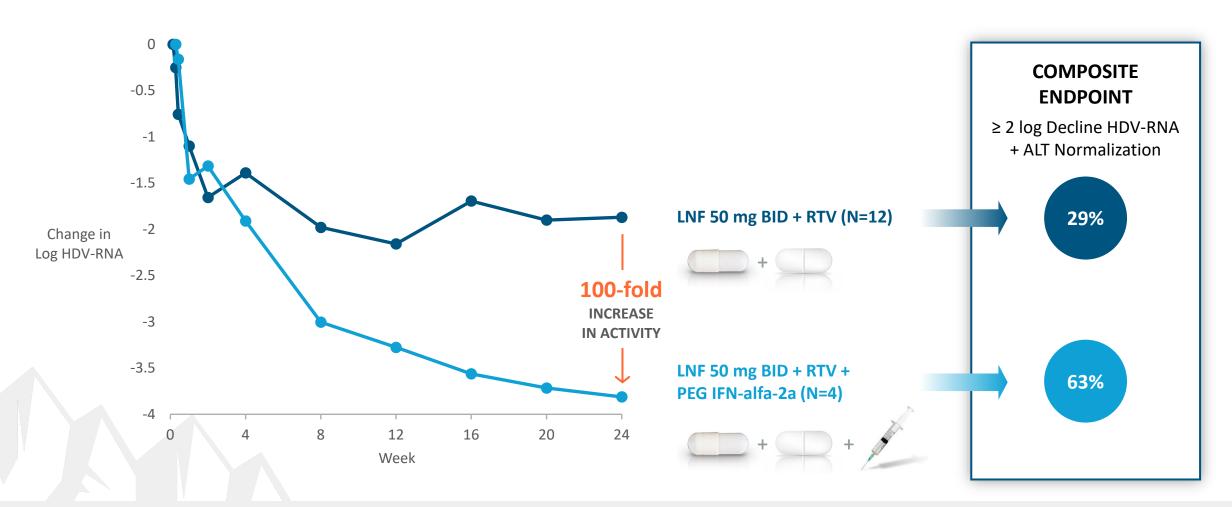




Lonafarnib Phase 2 Data



TWO LONAFARNIB-BASED REGIMENS IDENTIFIED FOR REGISTRATION

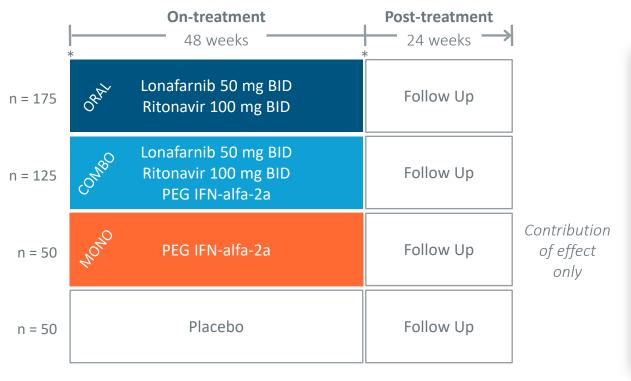








MULTIPLE PATHWAYS TO APPROVAL



Primary Endpoint at Week 48

≥ 2 log decline in HDV RNA +

Normalization of ALT

Secondary Endpoint at Week 48

Histologic improvement Improvement of fibrosis

All patients will be maintained on background HBV nucleoside therapy. Superiority over PEG IFN-alfa-2a not required.



^{*} biopsy

Study Mirrors HDV Global Footprint



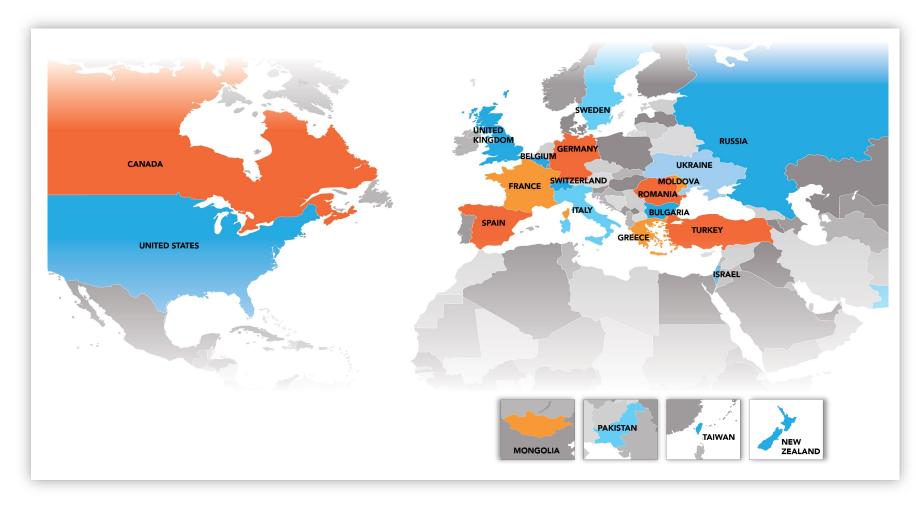
COMPLETION OF ENROLLMENT EXPECTED IN 2021



HDV Phase 3 Sites

22
COUNTRIES

~120 SITES





Complementary Treatments for HDV in Development







Lonafarnib + Ritonavir

1st in class small molecule, oral prenylation inhibitor

Phase 3

Peginterferon Lambda

1st in class type III interferon

Phase 3 Ready



Peginterferon Lambda (Lambda)

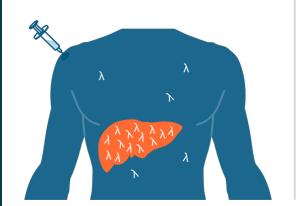
A WELL TOLERATED TYPE III INTERFERON



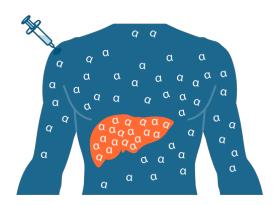
- Binds to a unique receptor vs type I IFN-a
 - Highly expressed on hepatocytes
 - Limited expression on hematopoietic and CNS cells
- Uses similar downstream signaling pathway to IFN-a
- 3,000+ patients in 19 clinical trials (HCV / HBV / HDV)
- Orphan Designation in U.S. and EU
- FDA Breakthrough Therapy Designation
- Composition of matter and method of use patents

Lambda Receptors Highly Expressed in the Liver

LAMBDA RECEPTORS NOT WIDELY DISTRIBUTED THROUGHOUT BODY



IFN-α RECEPTORS WIDELY DISTRIBUTED THROUGHOUT BODY

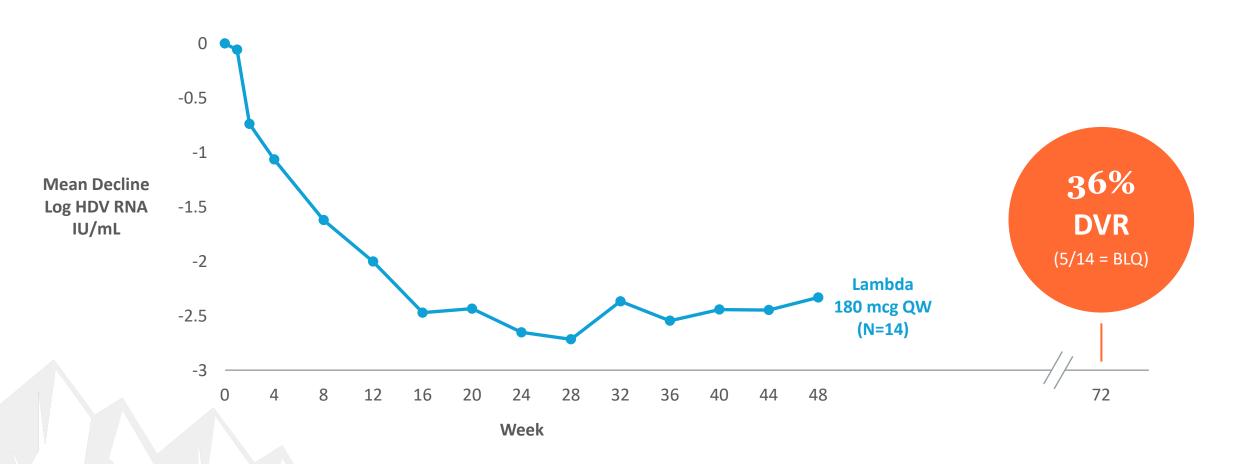






L MT − 1 : Phase 2 Lambda Monotherapy Study Results

36% DURABLE VIROLOGIC RESPONSE (DVR) WITH LAMBDA

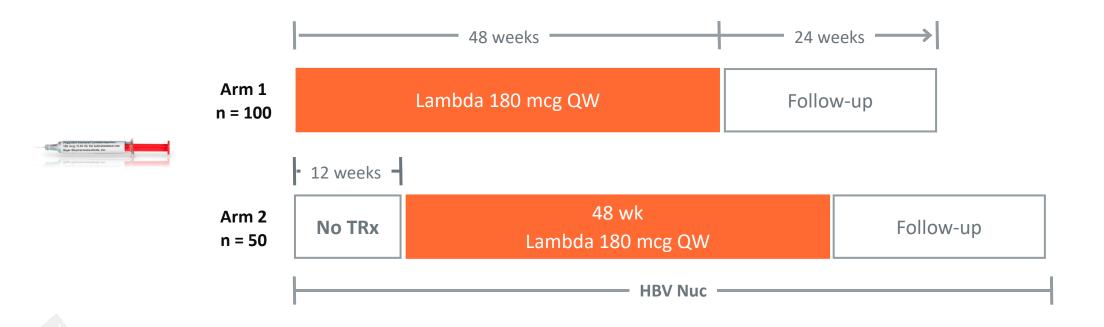




L ✓ MT – 2 Lambda Phase 3 Study Design for HDV



SINGLE PIVOTAL STUDY PLANNED START IN 2021

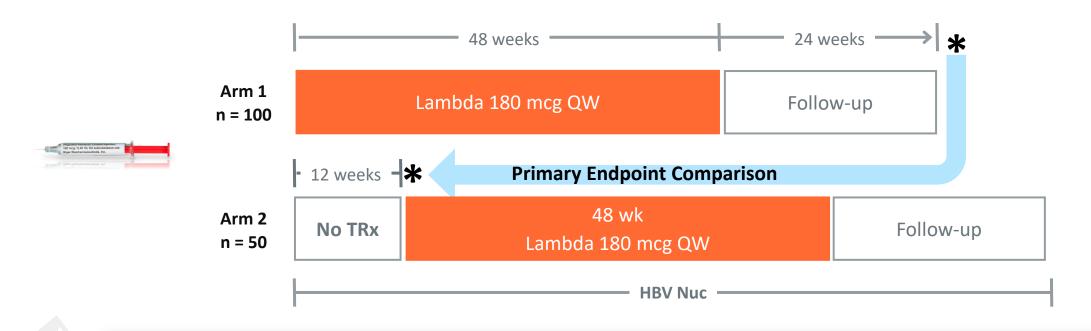




LyMT − 2 Lambda Phase 3 Study Design for HDV



SINGLE PIVOTAL STUDY PLANNED START IN 2021



Primary Endpoint*

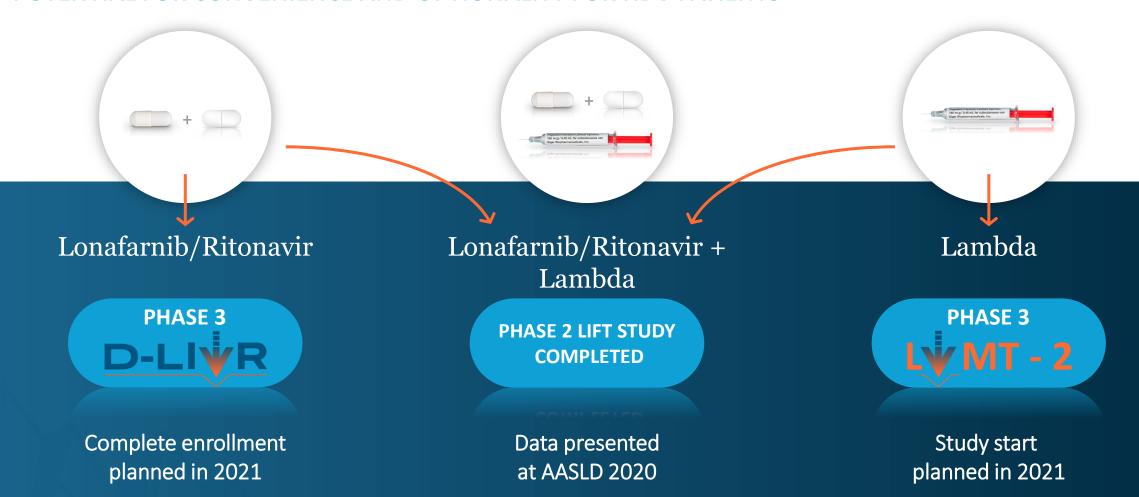
DVR at 24 Weeks Post-TRx (Arm 1) versus 12 Weeks Post-No TRx (Arm 2)



Potential HDV Cure and Maintenance Therapies



POTENTIAL FOR CONVENIENCE AND OPTIONALITY FOR HDV PATIENTS





Lambda for COVID-19

POTENTIAL AS A CONVENIENT, OUTPATIENT THERAPY FOR NEWLY DIAGNOSED PATIENTS

- Positive Phase 2 *ILIAD* results in newly diagnosed COVID-19 outpatients
- Potential to improve clinical outcomes and curb community spread
- Treatment well tolerated*
- Resistance due to variants of SARS-CoV-2 may not be an issue due to mechanism of action
- Provided in a prefilled syringe as a convenient, single dose, outpatient treatment
- IND now open; includes Phase 2/3 protocol which aligns with FDA guidance



Peginterferon lambda for the treatment of outpatients with COVID-19: a phase 2, placebo-controlled randomised trial



Jordan J Feld*, Christopher Kandel*, Mia J Biondi*, Robert A Kozak, Muhammad Atif Zahoor, Camille Lemieux, Sergio M Borgia, Andrea K Boggild, Jeff Powis, Janine McCready, Darrell H S Tan, Tiffany Chan, Bryan Coburn, Deepali Kumar, Atul Humar, Adrienne Chan, Braden O'Neil, Seham Noureldin, Joshua Booth, Rachel Hong, David Smookler, Wesam Aleyadeh, Anjali Patel, Bethany Barber, Julia Casey, Ryan Hiebert, Henna Mistry, Ingrid Choong, Colin Hislop, Deanna M Santer, D Lorne Tyrrell, Jeffrey S Glenn, Adam J Gehring, Harry L A Janssen, Bettina E Hansen

ILIAD Study Design

- Single dose Lambda vs placebo (1:1), N = 60
- Mild to moderate, non-hospitalized COVID-19 patients
- Primary endpoint: Proportion of patients with a negative SARS-CoV-2 nasopharyngeal swab at Day 7
- Follow-up through Day 14
- Mean baseline viral load = 6.71 log copies/mL





Peginterferon lambda for the treatment of outpatients with COVID-19: a phase 2, placebo-controlled randomised trial



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ILIAD Study Results

- Lambda was over 4x more likely to clear infection within 7 days vs placebo
- For baseline viral load > 6 log copies/mL, 79% (Lambda) vs 38% (placebo) (p=0.012) clear by Day 7
- Fewer emergency room / hospital visits with Lambda (1) vs placebo (4)
- Lambda has potential to improve clinical outcomes and curb community spread
- Resistance due to variants of SARS-CoV-2 may not be an issue with Lambda due to mechanism of action
- Treatment well tolerated similar side effect profile to placebo









LAMBDA ADDED AS AN INVESTIGATIONAL ARM

- Ongoing, multi-center, investigator-sponsored, randomized, placebo-controlled Phase 3 study
- Evaluating multiple therapeutics in newly diagnosed, non-hospitalized patients with COVID-19
- TOGETHER now includes an investigational arm of Lambda as a single subcutaneous dose
- Lambda arm to enroll up to 800 high-risk, non-hospitalized patients
- Primary endpoint is reduction of emergency room visits and hospitalizations
- Protocol includes interim analysis for futility
- Currently recruiting at eleven sites in Brazil and may expand to include a site in Toronto, Canada



together • COVID-19 Phase 3 Platform Study

PRINCIPAL INVESTIGATORS



EDWARD MILLS, PhD



- Principal investigator,
 TOGETHER COVID-19 trial
- Professor of Health Research
 Methods, Evidence, and
 Impact at McMaster University,
 Vancouver, Canada



GILMAR REIS, MD, PhD



- Co-investigator, TOGETHER COVID-19 trial
- Director of the Outpatient
 Research Clinic at Cardresearch
- Associate Professor of Medicine at Pontifical Catholic University of Minas Gerais, Brazil



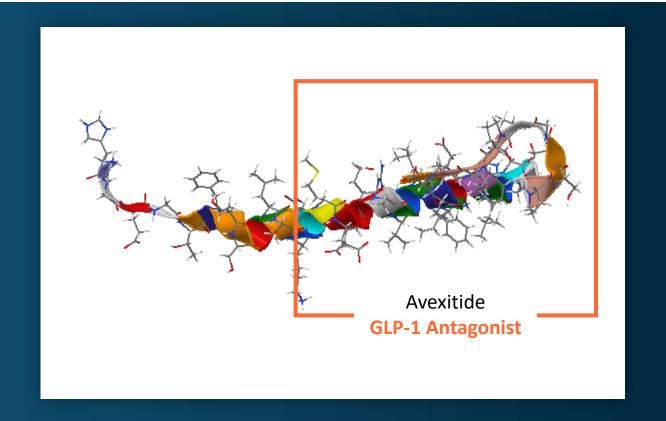
Avexitide for PBH & CHI



Avexitide Is a First-in-Class GLP-1 Antagonist

31 AMINO ACID FRAGMENT OF BYETTA (EXENATIDE), A GLP-1 AGONIST

- Novel Liquid Formulation Developed
- Sub-cutaneous delivery
- Targeted MOA for PBH and CHI
- Differential dose/device strategies for PBH & CHI
- Patent protection will provide market exclusivity through at least 2039





Avexitide for PBH

PHASE 3 READY IN 2022

POST-BARIATRIC HYPOGLYCEMIA (PBH)





- Complication of bariatric surgery
- Dangerously low blood sugar after meals
- ~5-10% of Roux-en-Y Gastric Bypass
- ~2.5% of Vertical Sleeve Gastrectomy
- ~150K PBH patients in U.S. & EU5
- Other procedures: esophagectomy, gastrectomy, Nissen fundoplication

PBH results in **SEVERE HYPOGLYCEMIA**: altered mental status, loss of consciousness, seizures, coma



CLINICAL & REGULATORY STATUS

- Proof of concept demonstrated in 54 patients dosed across 4 completed Phase 2 studies
- Most recent Phase 2 data published in JCEM 2021
- FDA **Breakthrough Therapy** Designation for Hypoglycemic Hypoglycemia
- Concurrence with FDA and EMA on single pivotal study
 (N=90) with end points previously demonstrated in Phase 2

Phase 3 Ready in 2022:

Manufacturing and device development ongoing



Avexitide for CHI

FDA DISCUSSIONS ONGOING FOR PHASE 3 STUDY DESIGN



CONGENITAL HYPERINSULINISM (CHI)



- Ultra-rare pediatric metabolic disorder
- Most frequent cause of persistent hypoglycemia in neonates and children
- >3,300 patients in U.S. & EU5
- Well-defined market; multiple therapies in development
- Near-total pancreatectomy is indicated

CLINICAL & REGULATORY STATUS

- Proof of concept demonstrated in 39 patients across 3
 Phase 2 studies (neonates, children, adolescents/adults)
- Clinically significant endpoint (glucose infusion rate) demonstrated
- FDA Rare Pediatric Disease Designation; PRV eligible
- Differentiated from PBH based on dose and device

CHI results in PERMANENT BRAIN DAMAGE with neurodevelopmental deficits in up to 50% of patients

FDA discussions ongoing for Phase 3 neonate/child studies



Diverse, Late-Stage Pipeline

| TARGETED INDICATION | | DRUG | ORPHAN US / EU | BREAKTHROUGH THERAPY | RARE PEDIATRIC DISEASE | STATUS & UPCOMING MILESTONES |
|---------------------|--|--|-------------------|-------------------------|---------------------------|--|
| ğ | Progeria and Progeroid Laminopathies | Zokínvy [®] (lonafarnib) capsules 50 mg/75 mg | ~ | ✓ | PRV Sold | FDA APPROVED; EMA Approval 2H21 |
| | Hepatitis Delta Virus | Lonafarnib | ~ | ~ | N/A | Phase 3 Enrollment Completion in 2021 |
| | | Peginterferon Lambda | ~ | | N/A | Phase 3 Start in 2021 |
| | COVID-19 | | N/A | N/A | N/A | Phase 3 Start in 2021 |
| 7 | Post-Bariatric Hypoglycemia | Avexitide | ~ | ~ | N/A | Phase 3 Ready |
| श्रीहर | Congenital Hyperinsulinism | | ~ | | | Phase 2 |





- Phase 3 *D-LIVR* full enrollment by end of 2021
- Phase 3 LIMT-2 Lambda study initiation in 2H 2021
- Zokinvy® U.S. launch and EMA approval in 2021
- Avexitide manufacturing and device development in 2021
- Phase 3 TOGETHER study of Lambda for COVID-19 initiating
- Strong cash balance: planned operations funded into 4Q 2023

