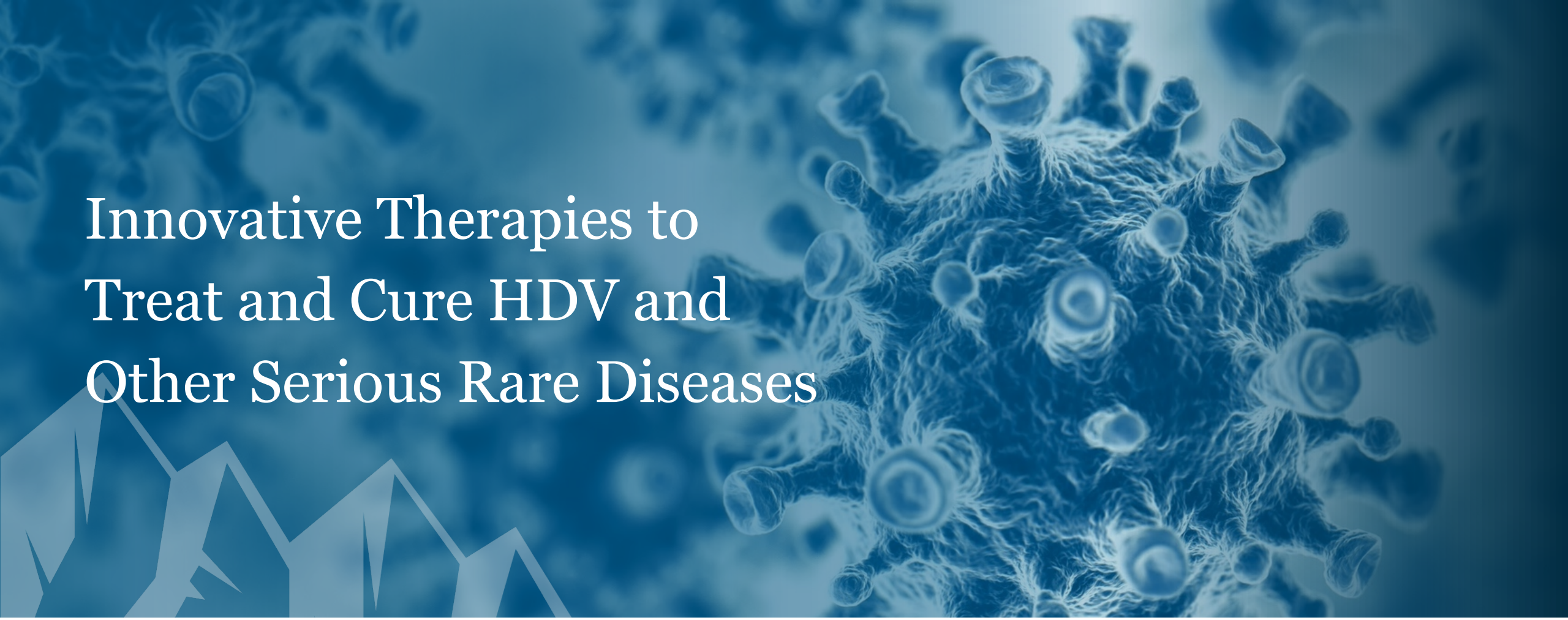


Innovative Therapies to Treat and Cure HDV and Other Serious Rare Diseases

Corporate Presentation

January 2022

EIGER BIOPHARMACEUTICALS

Forward Looking Statements

This presentation contains forward-looking statements within the meaning of the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995. 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 2022; the timing of our ongoing and planned clinical development; the sufficiency of our cash, cash equivalents and investments to fund our operations; expectations regarding the timing and availability of topline data from our Phase 3 D-LIVR study in HDV; the ability to fully enroll the Phase 3 LIMT-2 study; initiating a Phase 3 study for avexitide in congenital hyperinsulinism; the approval of Zokinvy in jurisdictions outside of the U.S., including the EU; and the potential of peginterferon lambda to be an effective therapy for newly diagnosed outpatients with COVID-19; and the possibility of success of any of our product candidates. 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 quarter ended September 30, 2021 and Eiger's subsequent filings with the SEC. The forward-looking statements contained in this presentation 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.

D-LIVR Phase 3 Study in HDV

LONAFARNIB: ONLY ORAL HDV TREATMENT IN DEVELOPMENT

Enrollment Complete (N = 407)

Topline Data Planned by End of 2022

Advancing Pipeline for Serious Unmet Medical Needs

Indication	Product	Phase 2	Phase 3	Marketed	Status	Breakthrough Therapy
Hepatitis Delta Virus	Lonafarnib	D-LIVR			Data by End of 2022	✓
	Peginterferon Lambda	LIMT-2			Phase 3 Enrolling	✓
Congenital Hyperinsulinism	Avexitide				Preparing for Phase 3	✓ PRV Eligible
Post-Bariatric Hypoglycemia					Preparing for Phase 3	✓
COVID-19	Peginterferon Lambda	together clinical trials • COVID-19			Data 1H 2022	N/A
Progeria	Zokinvy® (lonafarnib) capsules 50 mg/75 mg	FDA Approved			FDA approved; MAA under review	✓ PRV Sold
		MAA Under Review				

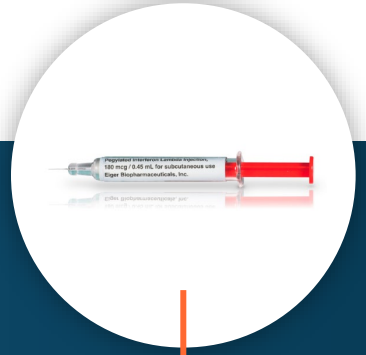
Eiger HDV Platform in Phase 3

INNOVATIVE THERAPIES IN DEVELOPMENT TO TREAT AND CURE HDV

Lonafarnib/Ritonavir

ORAL

D-LIVR



Peginterferon Lambda

WEEKLY SUB Q

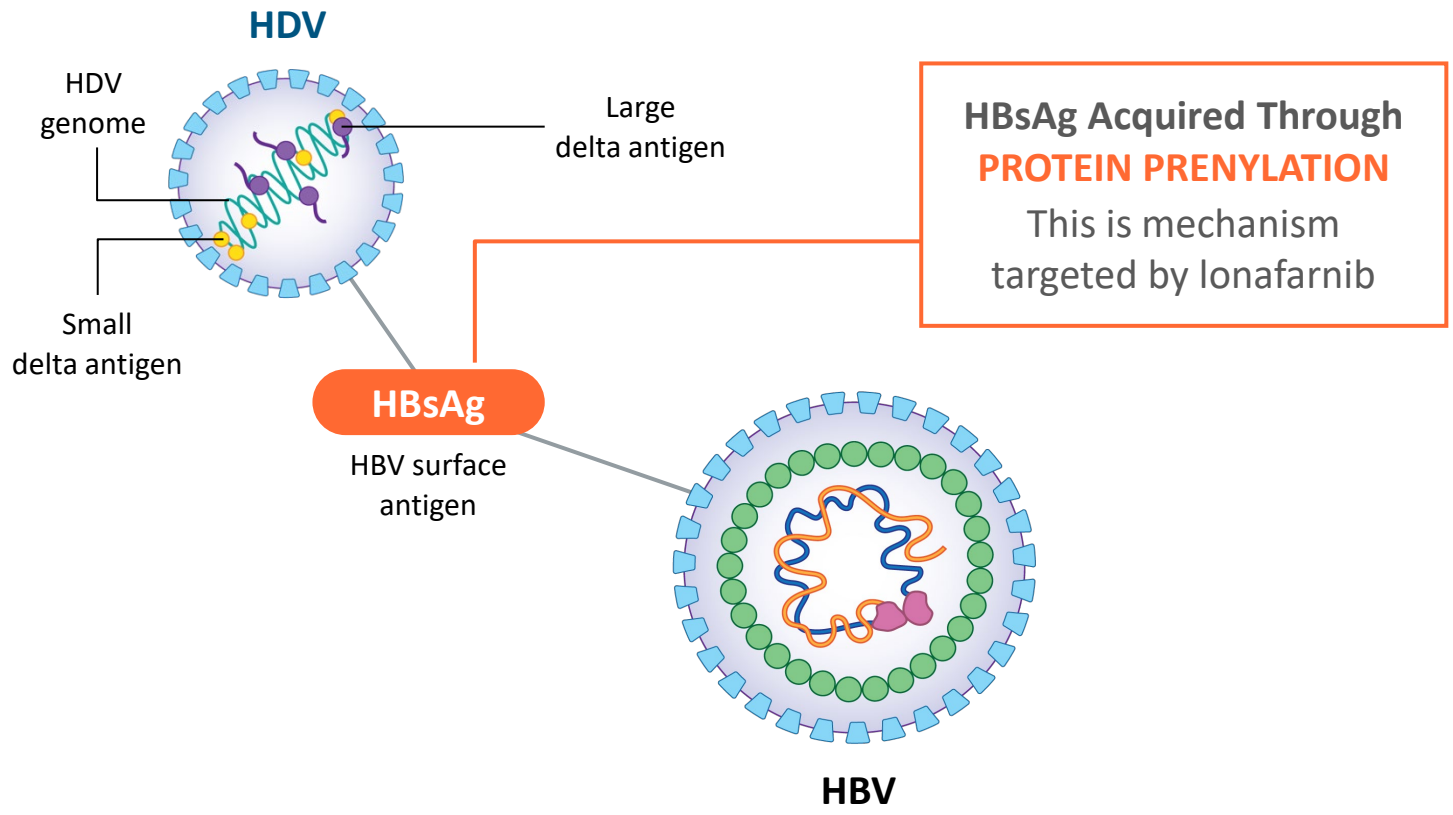
LIVMT-2

Convenient administration for improved patient compliance

HDV is Always a Co-infection with HBV

HDV REQUIRES HBsAg TO COMPLETE VIRUS ASSEMBLY

HDV consists of a single stranded, circular RNA virus, with an envelope made up of HBsAg

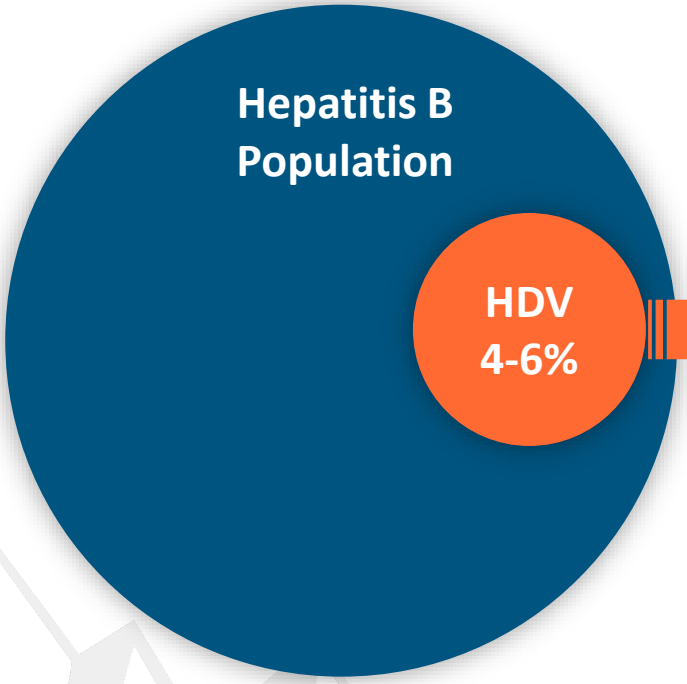


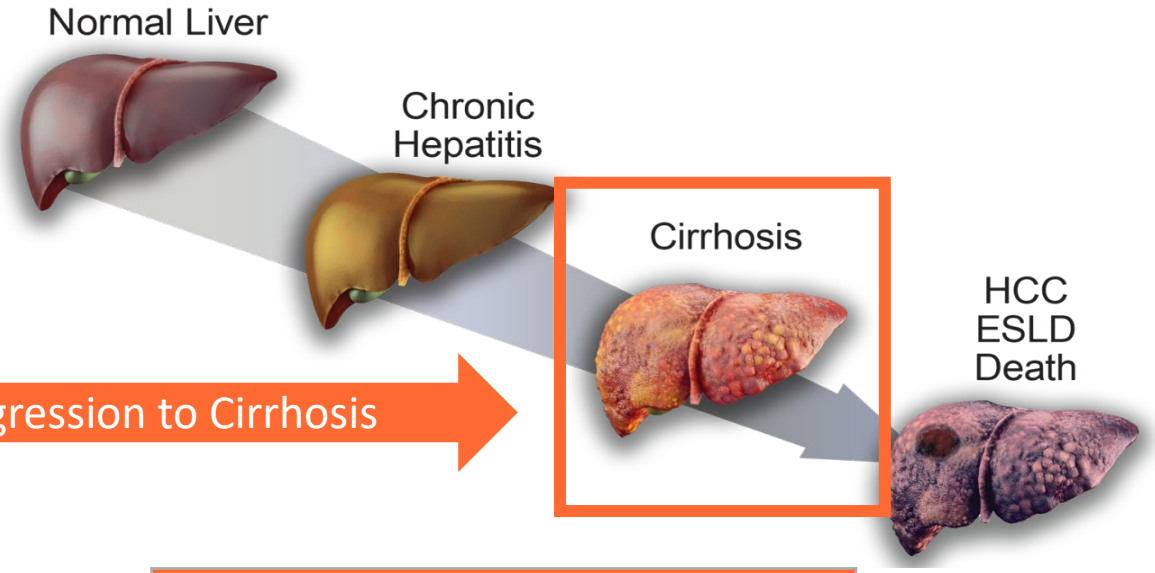
HBsAg Acquired Through
PROTEIN PRENYLATION
This is mechanism targeted by lonafarnib

HDV: Most Severe Form of Viral Hepatitis

60% OF HDV-INFECTED PATIENTS DIE WITHIN 10 YEARS AFTER INFECTION

Co-infection with HBV





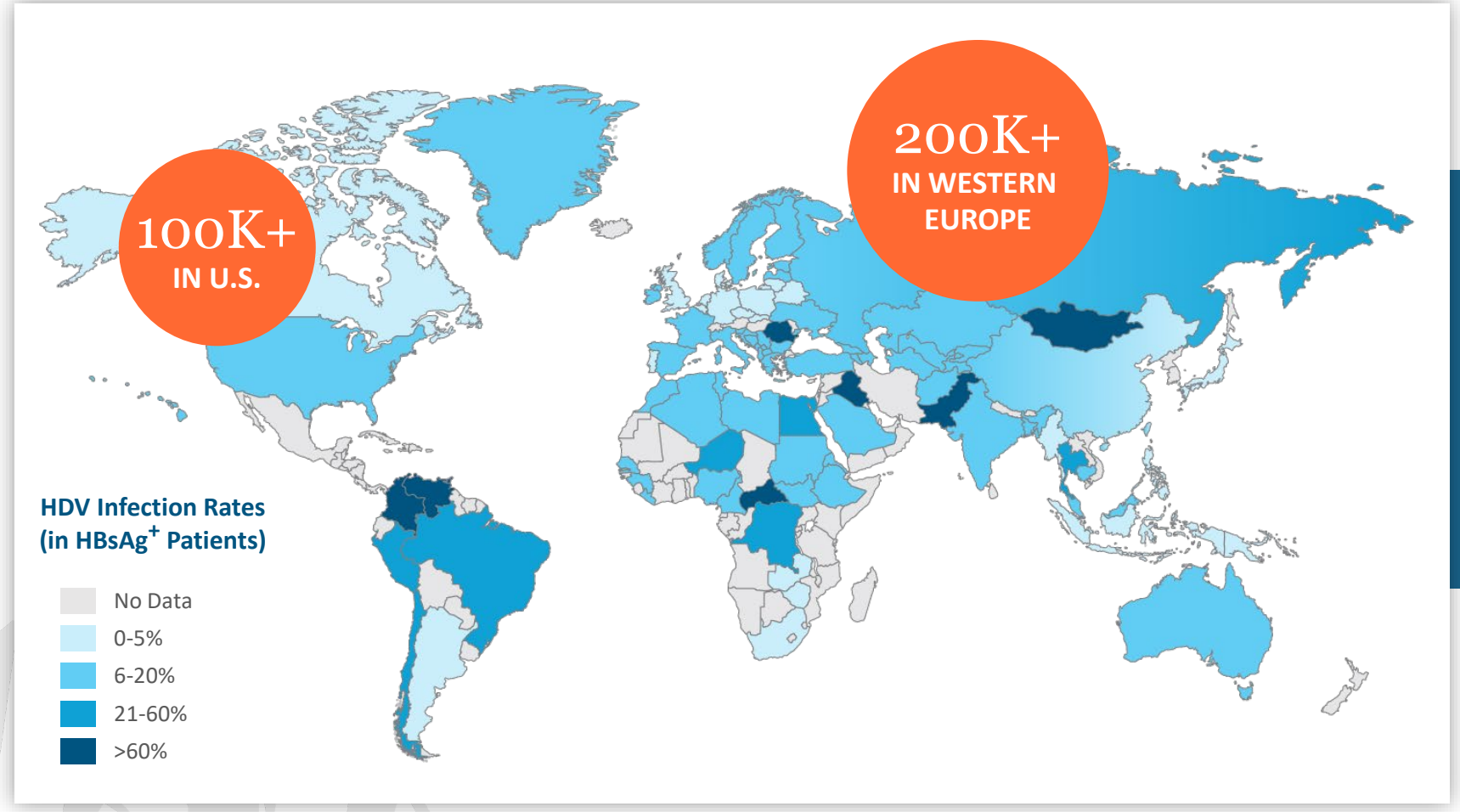
Most Rapid Progression to Cirrhosis

Progression to Cirrhosis	
HCV	10-20% within 20 Years
HBV	20% within 5 Years
HDV	**70% within 5-10 Years**

Westbrook et al, *J Hepatology* 2014
Fattovich et al, *Seminars in Liver Diseases* 2003
Nourredin et al, *Curr. Gasterol. Rep 2013*

12M+ HDV Patients Worldwide

~4-6% OF HBV-INFECTED POPULATION

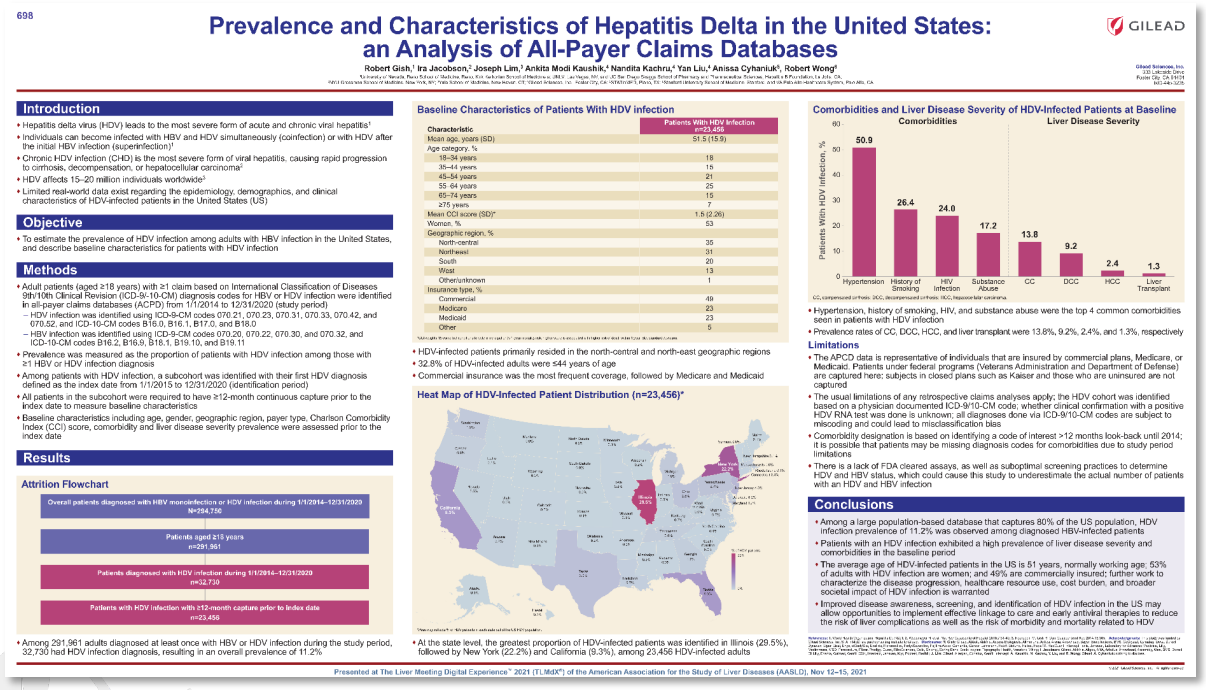


Migration Contributing to Globalization of Disease

Stockdale et al, *Journal of Hepatology* 2020

Prevalence and Characteristics of Hepatitis Delta

ANALYSIS OF U.S. ALL-PAYER CLAIMS DATABASES: 11.2% HDV COINFECTION PREVALENCE



698

Prevalence and Characteristics of Hepatitis Delta in the United States: an Analysis of All-Payer Claims Databases

GILEAD

Robert Gish,[1] Ira Jacobson,[2] Joseph Lim,[3] Ankita Modi Kaushik,[4] Nandita Kachru,[4] Yan Liu,[4] Anissa Cyhaniuk[5], Robert Wong[6]

Introduction

- Hepatitis delta virus (HDV) leads to the most severe form of acute and chronic viral hepatitis[1]
- Individuals can become infected with HBV and HDV simultaneously (coinfection) or with HDV after the initial HBV infection (superinfection)[1]
- Chronic HDV infection (CHD) is the most severe form of viral hepatitis, causing rapid progression to cirrhosis, decompensation, or hepatocellular carcinoma[2]
- HDV affects 15–20 million individuals worldwide[3]
- Limited real-world data exist regarding the epidemiology, demographics, and clinical characteristics of HDV-infected patients in the United States (US)

Objective

- To estimate the prevalence of HDV infection among adults with HBV infection in the United States, and describe baseline characteristics for patients with HDV infection

Methods

- Adult patients (aged ≥18 years) with ≥1 claim based on International Classification of Diseases 9th/10th Clinical Revision (ICD-9/-10-CM) diagnosis codes for HBV or HDV infection were identified in all-payer claims databases (ACPD) from 1/1/2014 to 12/31/2020 (study period)
  - HDV infection was identified using ICD-9-CM codes 070.21, 070.23, 070.31, 070.33, 070.42, and 070.52, and ICD-10-CM codes B16.0, B16.1, B17.0, and B18.0
  - HBV infection was identified using ICD-9-CM codes 070.20, 070.22, 070.30, and 070.32, and ICD-10-CM codes B16.2, B16.9, B18.1, B19.10, and B19.11
- Prevalence was measured as the proportion of patients with HDV infection among those with ≥1 HBV or HDV infection diagnosis
- Among patients with HDV infection, a subcohort was identified with their first HDV diagnosis defined as the index date from 1/1/2015 to 12/31/2020 (identification period)
- All patients in the subcohort were required to have ≥12-month continuous capture prior to the index date to measure baseline characteristics
- Baseline characteristics including age, gender, geographic region, payer type, Charlson Comorbidity Index (CCI) score, comorbidity and liver disease severity prevalence were assessed prior to the index date

Results

Attrition Flowchart

- Among 291,961 adults diagnosed at least once with HBV or HDV infection during the study period, 32,730 had HDV infection diagnosis, resulting in an overall prevalence of 11.2%

Baseline Characteristics of Patients With HDV infection

Characteristic	Patients With HDV Infection n=23,456
Mean age, years (SD)	51.5 (15.9)
Age category, %	
18–34 years	18
35–44 years	15
45–54 years	21
55–64 years	25
65–74 years	15
≥75 years	7
Mean CCI score (SD)*	1.5 (2.26)
Women, %	53
Geographic region, %	
North-central	35
Northeast	31
South	20
West	13
Other/unknown	1
Insurance type, %	
Commercial	49
Medicare	23
Medicaid	23
Other	5

- HDV-infected patients primarily resided in the north-central and north-east geographic regions
- 52.8% of HDV-infected adults were ≤44 years of age
- Commercial insurance was the most frequent coverage, followed by Medicare and Medicaid

Heat Map of HDV-Infected Patient Distribution (n=23,456)*

- At the state level, the greatest proportion of HDV-infected patients was identified in Illinois (29.5%), followed by New York (22.2%) and California (9.3%), among 23,456 HDV-infected adults

Comorbidities and Liver Disease Severity of HDV-Infected Patients at Baseline

CC, compensated cirrhosis; DCC, decompensated cirrhosis; HCC, hepatocellular carcinoma

- Hypertension, history of smoking, HIV, and substance abuse were the top 4 common comorbidities seen in patients with HDV infection
- Prevalence rates of CC, DCC, HCC, and liver transplant were 13.8%, 9.2%, 2.4%, and 1.3%, respectively

Limitations

- The APCD data is representative of individuals that are insured by commercial plans, Medicare, or Medicaid. Patients under federal programs (Veterans Administration and Department of Defense) are captured here; subjects in closed plans such as Kaiser and those who are uninsured are not captured
- The usual limitations of any retrospective claims analyses apply; the HDV cohort was identified based on a physician documented ICD-9/10-CM code; whether clinical confirmation with a positive HDV RNA test was done is unknown; all diagnoses done via ICD-9/10-CM codes are subject to miscoding and could lead to misclassification bias
- Comorbidity designation is based on identifying a code of interest >12 months look-back until 2014; it is possible that patients may be missing diagnosis codes for comorbidities due to study period limitations
- There is a lack of FDA cleared assays, as well as suboptimal screening practices to determine HDV and HBV status, which could cause this study to underestimate the actual number of patients with an HDV and HBV infection

Conclusions

- Among a large population-based database that captures 80% of the US population, HDV infection prevalence of 11.2% was observed among diagnosed HBV-infected patients
- Patients with an HDV infection exhibited a high prevalence of liver disease severity and comorbidities in the baseline period
- The average age of HDV-infected patients in the US is 51 years, normally working age. 53% of adults with HDV infection are women; and 49% are commercially insured; further work to characterize the disease progression, healthcare resource use, cost burden, and broader societal impact of HDV infection is warranted
- Improved disease awareness, screening, and identification of HDV infection in the US may allow opportunities to implement effective linkage to care and early antiviral therapies to reduce the risk of liver complications as well as the risk of morbidity and mortality related to HDV

Presented at The Liver Meeting Digital Experience™ 2021 (TLMdX®) of the American Association for the Study of Liver Diseases (AASLD), Nov 12–15, 2021

Key Conclusions

- Claims from 2014–2020 based on ICD-9/10 codes
- 11.2% overall prevalence of HDV coinfection
- Of 291,961 HBV infected adults, 32,730 had HDV
- High prevalence of liver disease severity and comorbidities in HDV infected patients
- Early screening for HDV in HBV patients may reduce risk of liver-related morbidity and mortality

Abstract #698, Gish et al, AASLD 2021

EIGER BIOPHARMACEUTICALS

$1B+ HDV Market Opportunity

ONLY 3% MARKET PENETRATION REQUIRED

ADDRESSABLE MARKET

~300,000 Patients[1]

~100K	~200K
in US	in EU

PENETRATION REQUIRED FOR $1B SALES

~3% of Patients[2]

~3K	~6K
in US	in EU

ORPHAN PRICING

Per Year[3]

~$150,000
in US & EU

[1] Triangle Insights 2016 [2] Conservative penetration for illustrative purposes [3] Pricing for illustrative purposes

What Does a Win Look Like for HDV Patients?

CONSISTENT WITH FDA GUIDANCE ON DEVELOPMENT OF TREATMENTS FOR HDV

- Reduction in HDV Viral Load
- Improvement in Liver Inflammation (ALT)

- Slows Disease Progression
- Improves Liver Histology
- Improves Survival

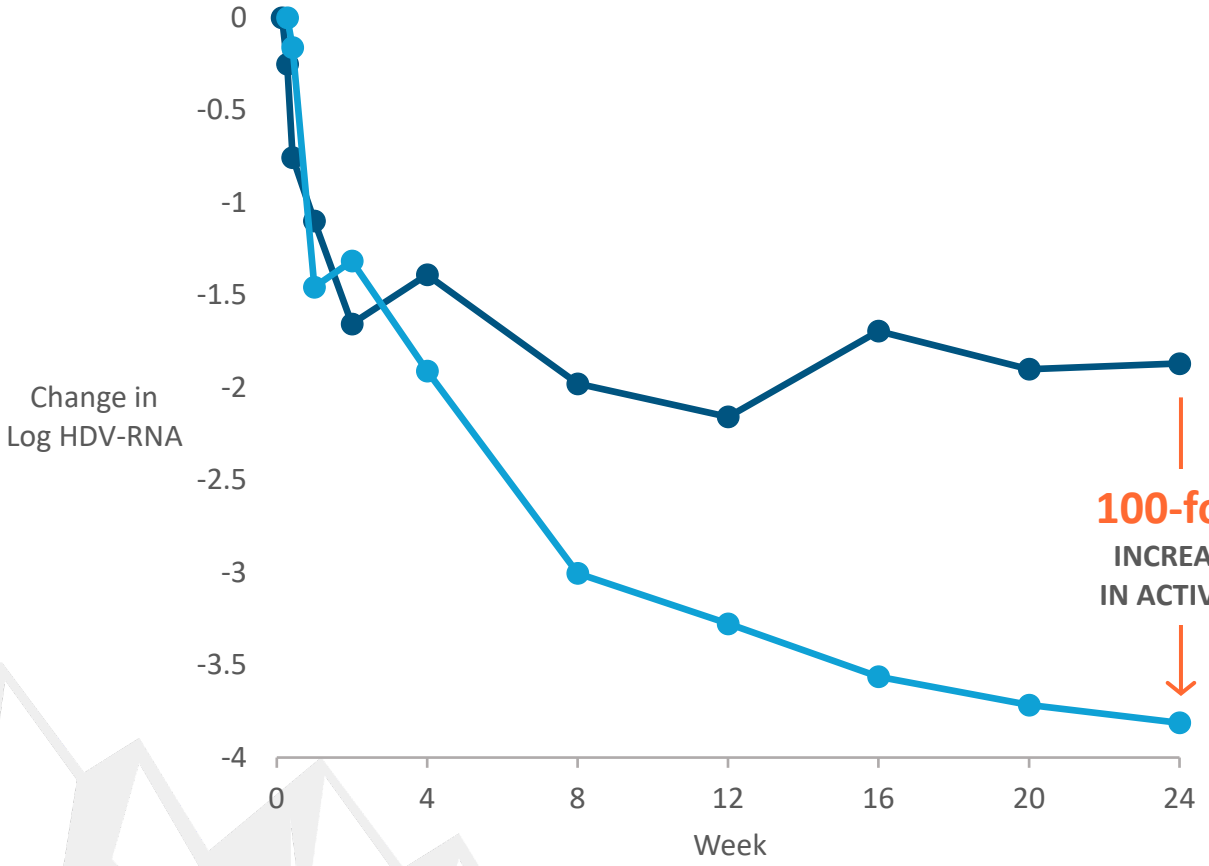
Lonafarnib for HDV

ONLY ORAL AGENT IN CLINICAL DEVELOPMENT FOR HDV

- Well-characterized in patients
  - > 2,000 patients dosed in oncology program by Merck (Schering)
  - > 90 children dosed in Progeria program; Zokinvy® (lonafarnib) capsules 50 mg/75 mg approved for Progeria in 2020
  - > 450 patients dosed in HDV program
  - Longest duration of dosing > 10 years
- Most common experienced AEs are GI related (class effect)

Lonafarnib Phase 2 Data

TWO LONAFARNIB-BASED REGIMENS IDENTIFIED FOR REGISTRATION



100-fold
INCREASE IN ACTIVITY

LNF 50 mg BID + RTV (N=12)

LNF 50 mg BID + RTV + PEG IFN-alfa-2a (N=4)

COMPOSITE ENDPOINT

≥ 2 log Decline HDV-RNA + ALT Normalization

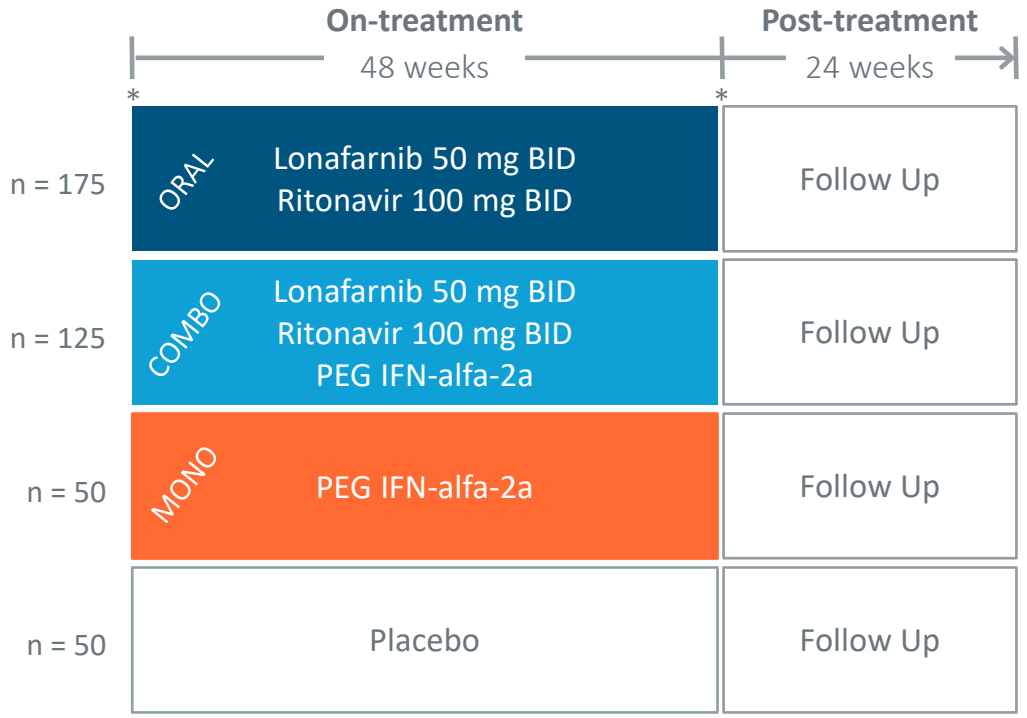
29%

63%

Yurdaydin et al, *J Hepatology* **2018**, Phase 2 LOWR 2 Study, Abstract #PS-161

D-LIVR Phase 3 Global Study

MULTIPLE PATHWAYS TO APPROVAL



Contribution of effect only

Primary Endpoint at Week 48

≥ 2 log decline in HDV RNA

+

Normalization of ALT

Secondary Endpoint at Week 48

Histologic improvement

Improvement of fibrosis

* biopsy

All patients will be maintained on background HBV nucleoside therapy.

Superiority over PEG IFN-alfa-2a not required.

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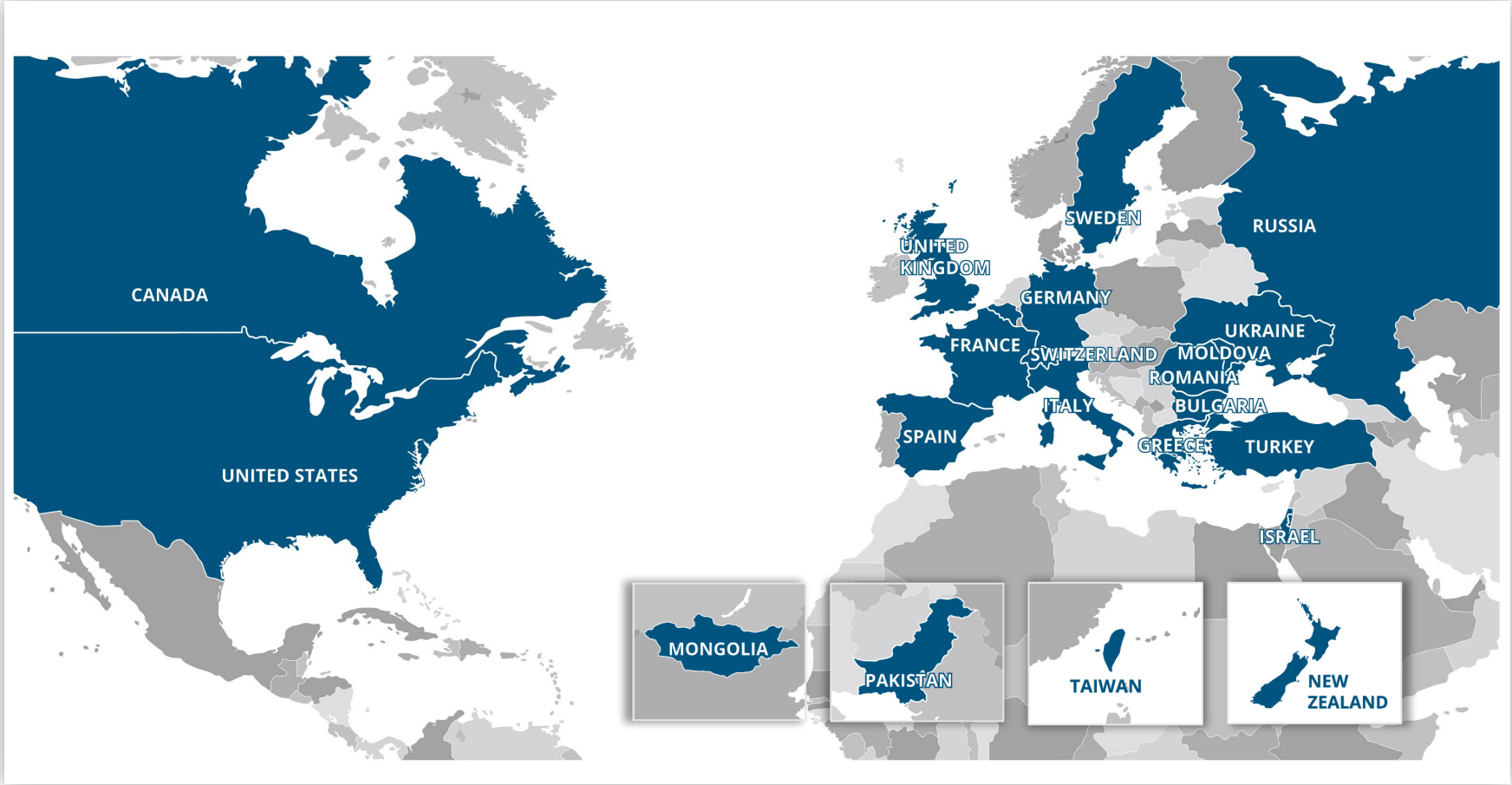
D-LIVR Phase 3 Global Study

Fully Enrolled!

407	20+	100+
PATIENTS	COUNTRIES	SITES

Topline Data Planned by End of 2022



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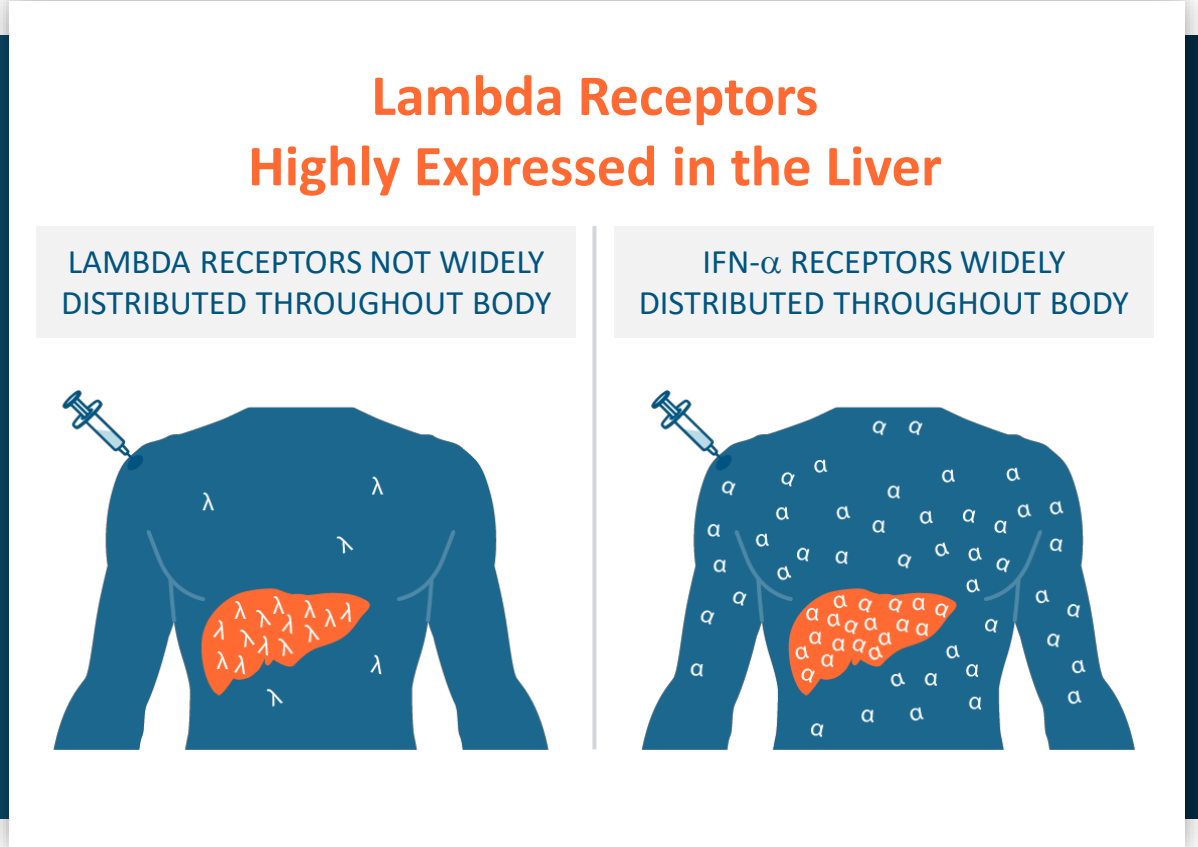
Peginterferon Lambda (Lambda) for HDV

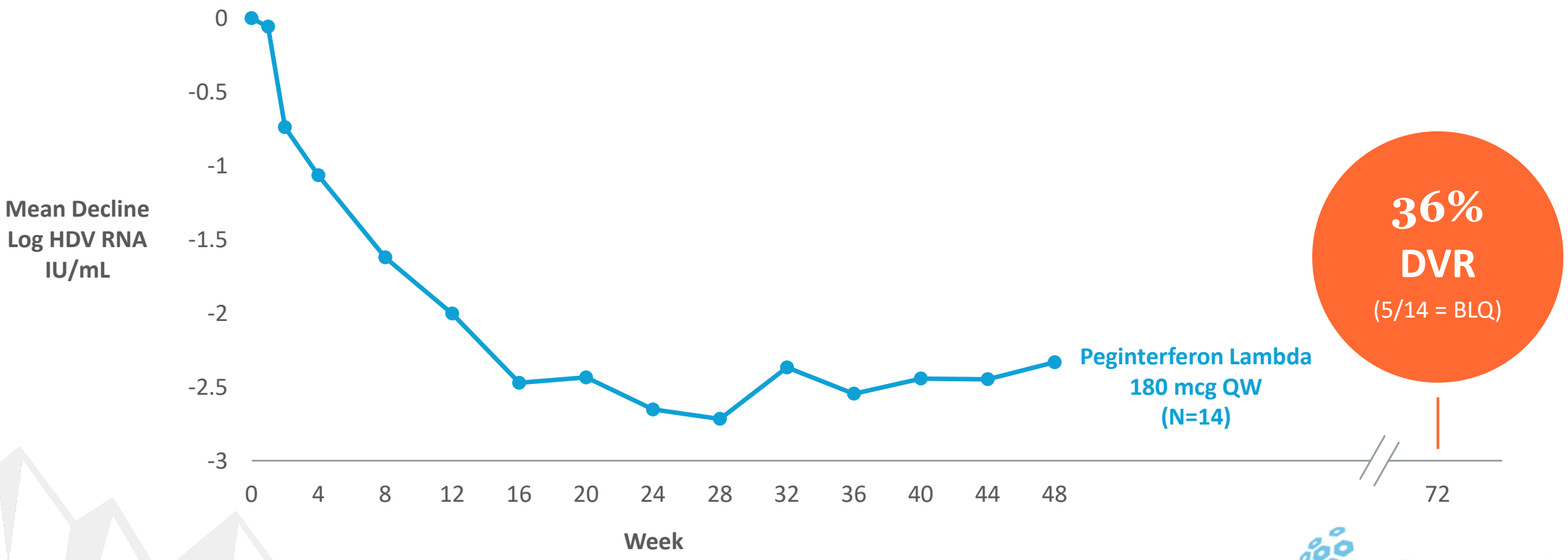
A WELL TOLERATED INTERFERON

- Binds to a unique receptor vs type I IFN-α
  - Highly expressed on hepatocytes
  - Limited expression on hematopoietic and CNS cells
- Uses similar downstream signaling pathway to IFN-α
- 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



Phase 2 Peginterferon Lambda Study Results

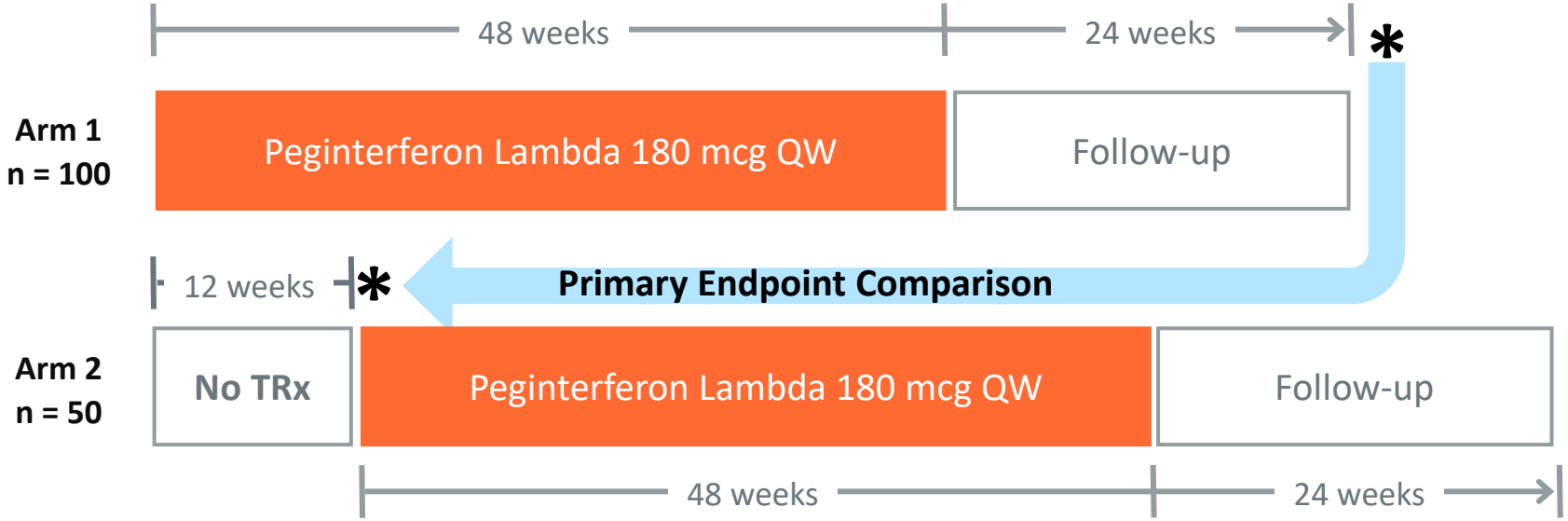
36% DURABLE VIROLOGIC RESPONSE (DVR) WITH PEGINTERFERON LAMBDA



DVR = below the limit of quantification (BLQ) at 24 weeks post-treatment

LIMT-2 Peginterferon Lambda Phase 3 Study of HDV

ACTIVATING SITES AND SCREENING PATIENTS



***Primary Endpoint:** DVR (Arm 1) versus HDV RNA BLQ After 12 Weeks No TRx (Arm 2)

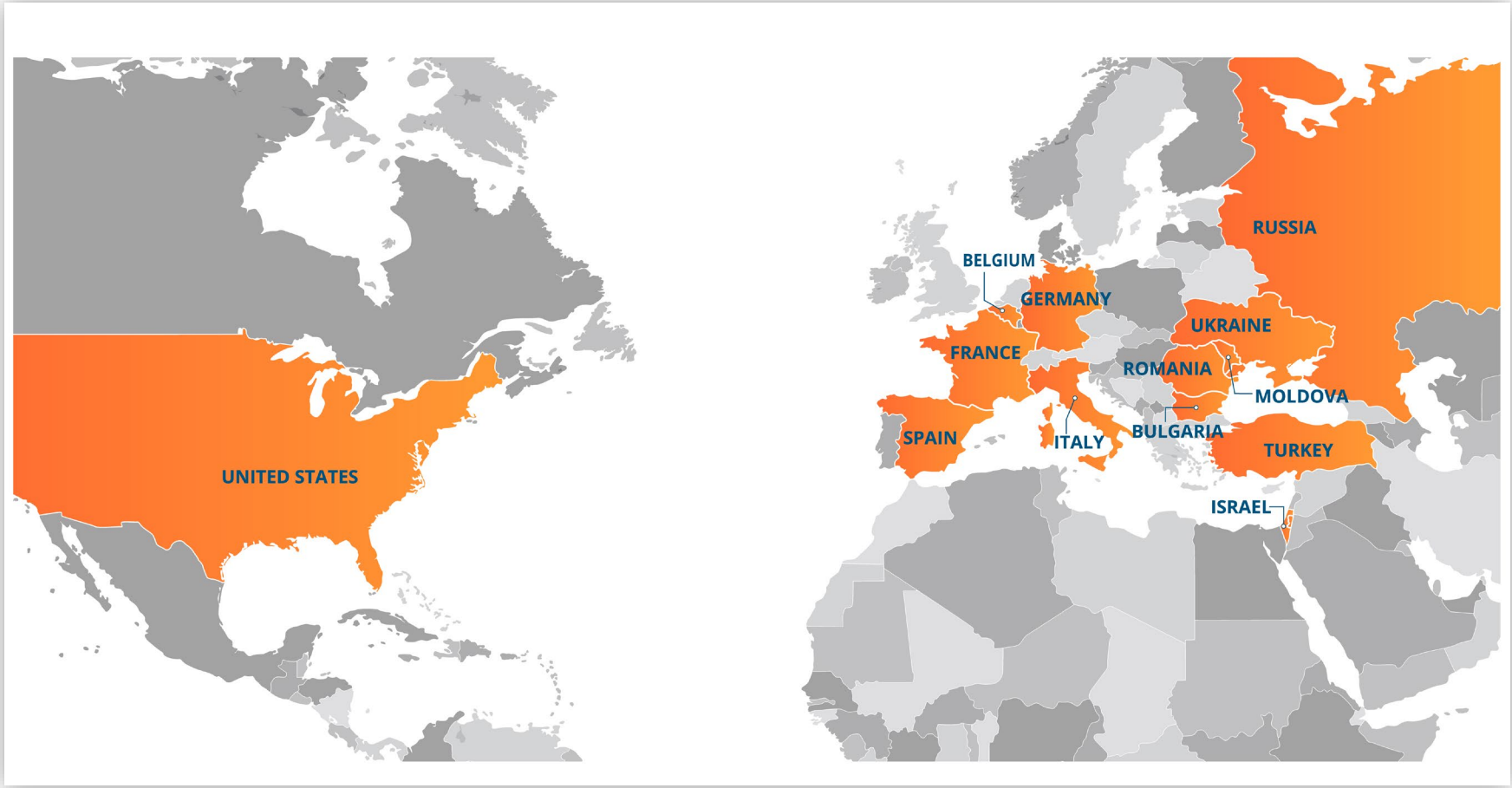
DVR (Durable Virologic Response) = Below the Limit of Quantification (BLQ) at 24 Weeks Post-Treatment

All patients on HBV background nucleos(t)ides

LIMT-2 Phase 3 Global Study

First Patient Enrolled Dec 2021

N=150 | **13** COUNTRIES | **50** SITES



EIGER BIOPHARMACEUTICALS

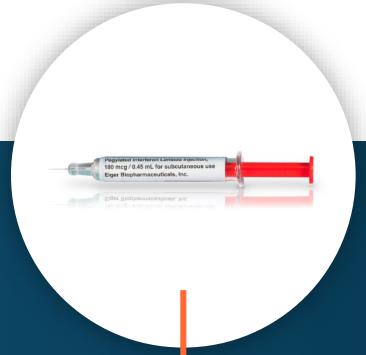
Eiger HDV Platform in Phase 3

FOUNDATIONAL THERAPIES FOR FUTURE COMBINATIONS

Lonafarnib/Ritonavir

ORAL

D-LIVR

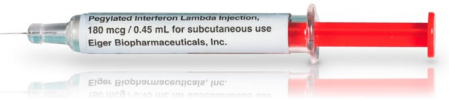


Peginterferon Lambda

WEEKLY SUB Q

LIVMT-2

Convenient administration for improved patient compliance
Potential for HDV cure and maintenance therapies



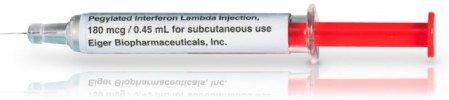
Peginterferon Lambda for COVID-19

POTENTIAL AS A CONVENIENT, OUTPATIENT THERAPY FOR NEWLY DIAGNOSED PATIENTS

- Significant KOL interest to investigate Peginterferon Lambda for COVID-19
- Lambda interferon is first line of defense in respiratory viral infections
- Lambda interferon is downregulated in the presence of SARS COV-2
- Phase 2 *ILIAD* study demonstrated more rapid viral clearance in newly diagnosed patients*

*Feld et al, Lancet Resp Med 2021

EIGER BIOPHARMACEUTICALS



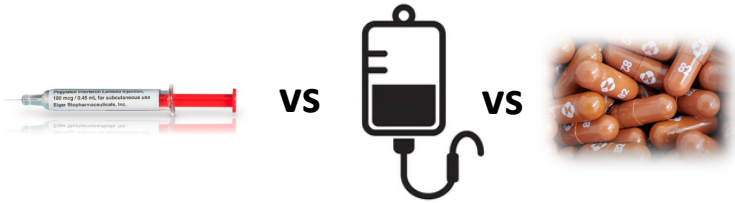
Peginterferon Lambda for COVID-19

POTENTIAL AS A CONVENIENT, OUTPATIENT THERAPY FOR NEWLY DIAGNOSED PATIENTS

Unique MOA

- Stimulates host immune responses
- Agnostic to variants and resistance
- Potential for combination therapy

Administration



Peginterferon Lambda:
Single outpatient sub-q injection

Antibodies:
Requires in-clinic IV infusion

Oral:
30–40 capsules over 5 days

Well Tolerated Interferon

- Few AEs compared to placebo
- Dosed in >3,000 patients (HCV, HBV, HDV, and COVID-19)

EIGER BIOPHARMACEUTICALS

together • COVID-19 clinical trials Phase 3 Platform Study

POSITIVE DATA COULD SUPPORT EMERGENCY USE AUTHORIZATION SUBMISSION

- Multi-center, investigator-sponsored, randomized, placebo-controlled Phase 3 study in Brazil (12 sites)
- Enrolling up to 1,600 high-risk, non-hospitalized patients (randomized 1:1 Lambda vs. Placebo)
- Primary endpoint is reduction of emergency room visits and hospitalizations
- Interim futility analysis (N = 1,003) in Dec 2021: DSMB recommends continue enrolling
- Data 1H 2022
- All patients will be sequenced to identify variants; to be included in EUA package

www.togethertrial.com
clinicaltrials.gov NCT04727424

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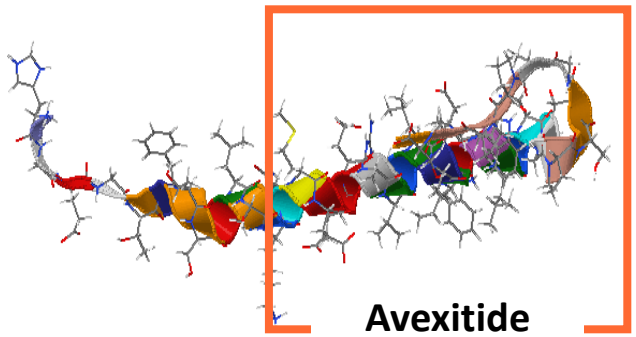
Avexitide Is a First-in-Class GLP-1 Antagonist

TARGETED MOA FOR POST-BARIATRIC HYPOGLYCEMIA AND CONGENITAL HYPERINSULINISM

- 31 Amino Acid Fragment of Exenatide, a GLP-1 Agonist
- Novel Liquid Formulation Developed
- Sub-cutaneous Delivery
- Targeted Mechanism of Action
- Differential Market Strategies for PBH & HI
- Patent Protection Will Provide Market Exclusivity Through at Least 2039



Avexitide for PBH and HI

PHASE 3 READY 2022

POST-BARIATRIC HYPOGLYCEMIA (PBH)
Single Phase 3 Study Agreed with FDA & EMA

- Complication of bariatric surgery
- Dangerously low blood sugar after meals
- **~5-10%** of Roux-en-Y Gastric Bypass
- **~2.5%** of Vertical Sleeve Gastrectomy
- FDA **Breakthrough Therapy** Designation

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

CONGENITAL HYPERINSULINISM (HI)
Regulatory Discussions Ongoing for Phase 3

- Ultra-rare pediatric metabolic disorder
- Most frequent cause of persistent hypoglycemia in neonates and children
- Occurs in **1:25,000** to **1:50,000** live births
- FDA **Breakthrough Therapy** Designation
- FDA **Rare Pediatric Disease** Designation

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

Zokinvy® (lonafarnib) capsules 50 mg/75 mg

FDA Approved to Reduce the Risk of Mortality in Hutchinson-Gilford Progeria Syndrome (Progeria)

NORD® National Organization for Rare Disorders RARE IMPACT AWARDS
2021 INDUSTRY INNOVATION AWARD

BEST PHARMACEUTICAL PRODUCT PRIX GALIEN USA NOMINEE 2021

POPULAR SCIENCE BEST OF WHAT'S NEW 2021

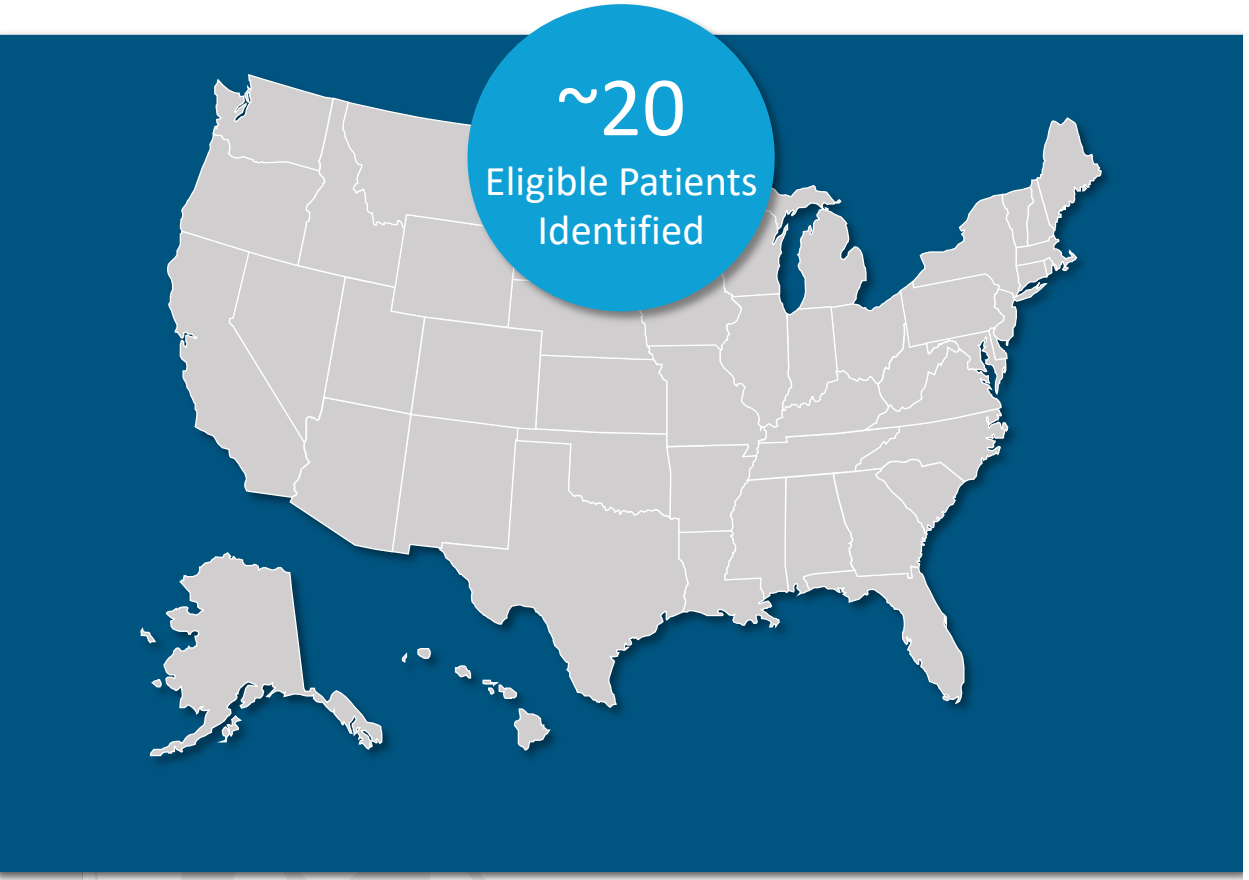
Photos courtesy of The Progeria Research Foundation and Progeria Family Circle

Full prescribing information and important safety information at www.zokinvy.com

EIGER BIOPHARMACEUTICALS

Zokinvy® (lonafarnib) capsules 50 mg/75 mg

Launched in January 2021 in U.S.



80% of Identified Patients Converted to Commercial Supply

EIGER one care
SUPPORT.CARE.ACCESS

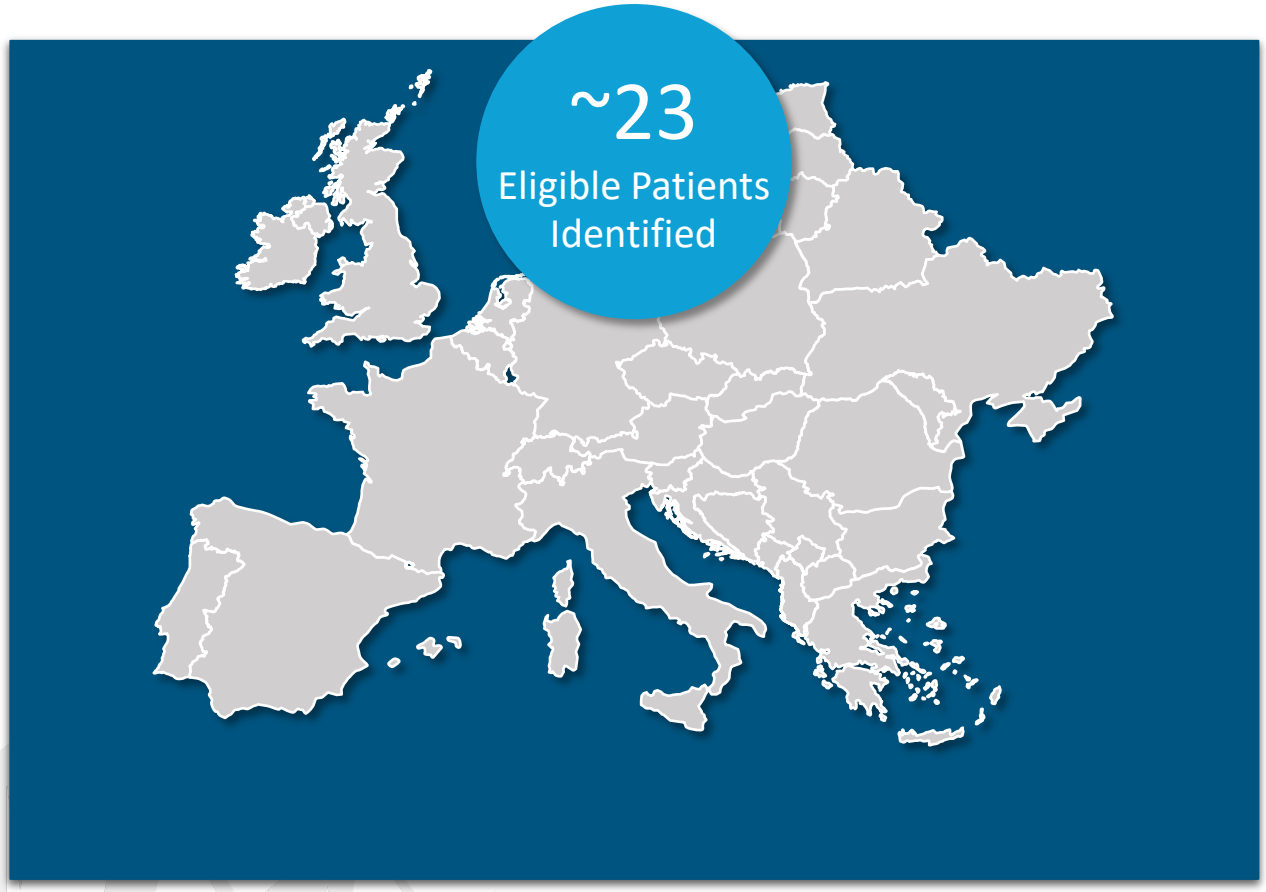
- **Dedicated and Disease State Specialized Team Focused on Needs of Patients and Practices**
- **Reimbursement and Copay Assistance and Patient Assistance Programs**
- **Direct Link to the Pharmacy for Seamless Access**

Scalable Distribution & Patient Services for Future Launches

EIGER BIOPHARMACEUTICALS

Zokinvy® (lonafarnib) capsules 50 mg/75 mg

Planning for Launch in Europe in 2022



- Distribution and patient support services provider selected for launch

- Cohort ATU program approved in France
- Completed first ATU shipment

EIGER BIOPHARMACEUTICALS

- Phase 3 HDV *D-LIVR*: topline data planned by end of 2022
- Phase 3 HDV *LIMT-2* study enrolling
- Phase 3 COVID-19 *TOGETHER* topline data in 1H 2022
- Avexitide Phase 3 Ready in 2022
- Zokinvy MAA under EMA review
- Strong cash balance: ~$106M as of 12/31/2021