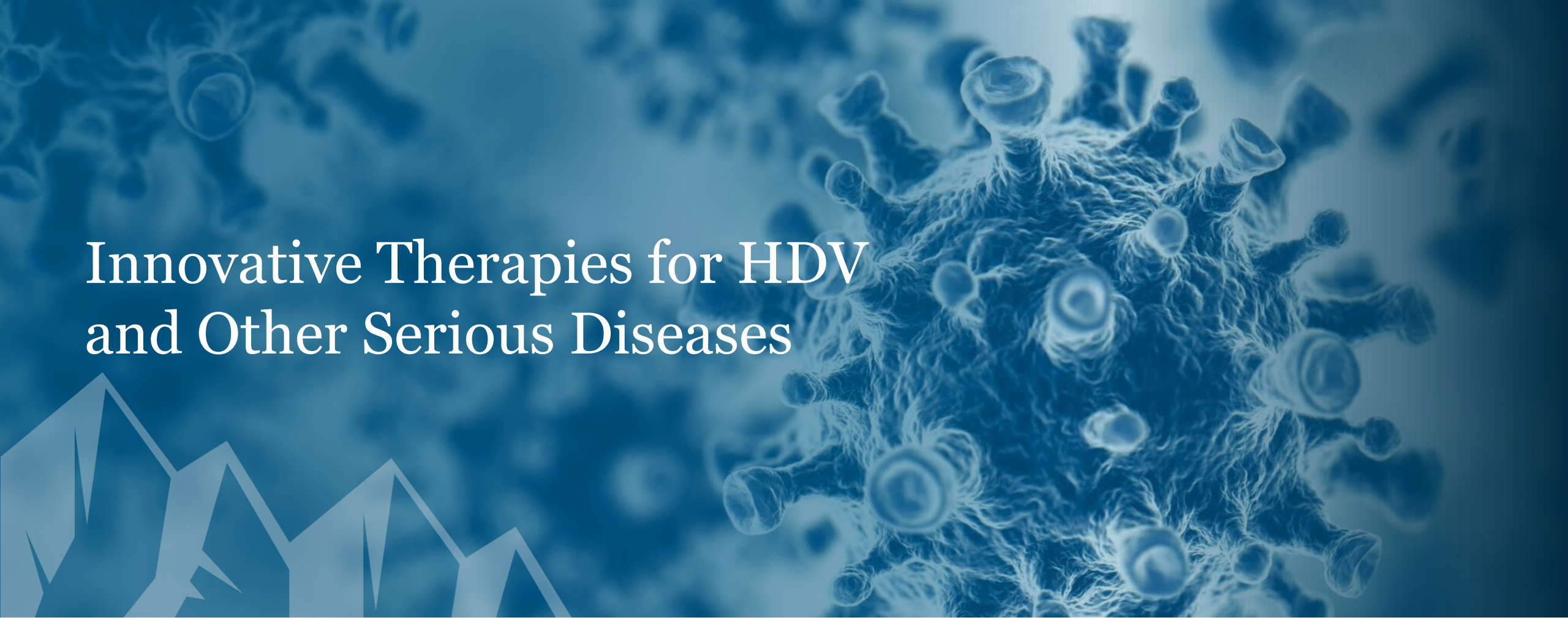

# Innovative Therapies for HDV and Other Serious Diseases

## Phase 3 *D-LIVR* Week 48 Topline Data – Investor Call

December 8, 2022

EIGER BIOPHARMACEUTICALS

# Forward Looking Statements

This presentation and the oral commentary accompanying it contain forward-looking statements within the meaning of the safe harbor provisions of the 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, the timing of our ongoing and planned clinical development; the timing of additional analyses from our Phase 3 D-LIVR study, including virologic, biochemical, and composite responses at Week 72 (24-weeks post-treatment) and histologic improvement; the potential benefits of lonafarnib-based treatments for patients with hepatitis delta virus (HDV), including the potential response rate of lonafarnib boosted with ritonavir in combination with peginterferon alfa; the ability to submit an application for, and obtain marketing approval from, FDA or any other regulatory body for lonafarnib-based treatments for the treatment of HDV; and the potential for success of any of our products or 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, 2022 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.

# Opening Remarks

**David Cory – President and CEO**

# Phase 3 *D-LIVR* Topline Data - Clinical

**David Apelian, MD, PhD**

- **Former Executive Medical Officer, Eiger**
- **Member of the Board of Directors, Eiger**



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# What Does a Win Look Like for HDV Patients?

## CONSISTENT WITH FDA GUIDANCE ON DEVELOPMENT OF TREATMENTS FOR HDV*

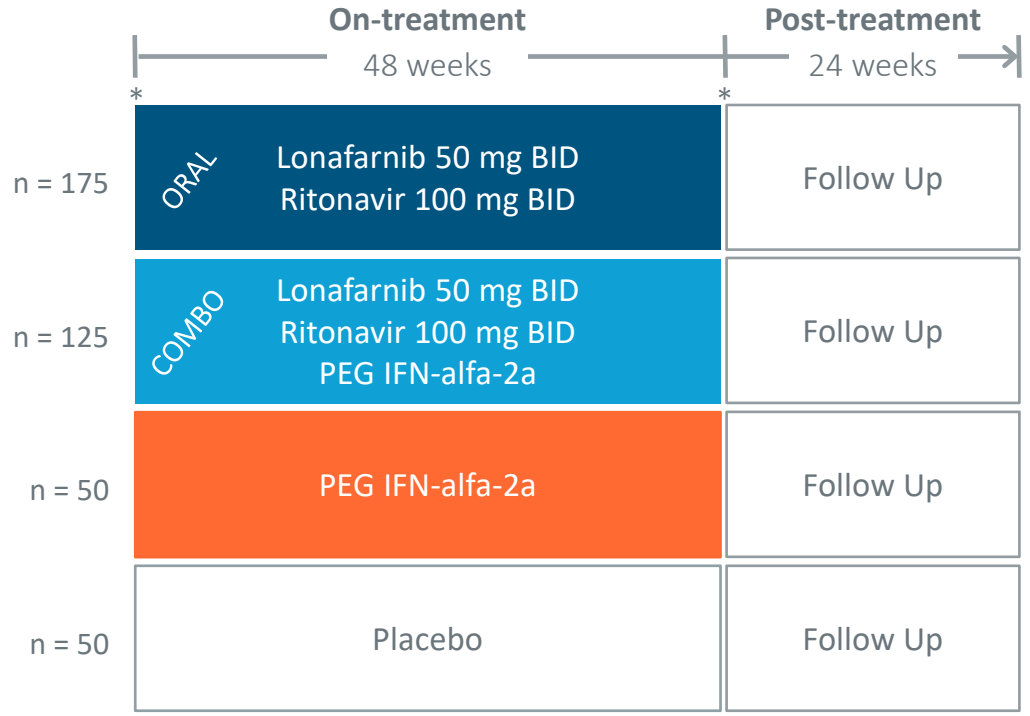
- Reduction in HDV Viral Load
- Improvement in Liver Inflammation (ALT)

- Slows Disease Progression
- Improves Liver Histology
- Improves Survival



*Chronic Hepatitis D Virus Infection: Developing Drugs for Treatment, FDA Guidance for Industry, 2019

# D-LIVR Phase 3 Global Study




**Primary Endpoint at Week 48**

≥ 2 log decline in HDV RNA
+
Normalization of ALT

**Secondary Endpoint at Week 48**

No worsening in fibrosis
+
≥ 2-point in Ishak HAI Score

* Liver biopsy
All patients will be maintained on background HBV nucleoside therapy.



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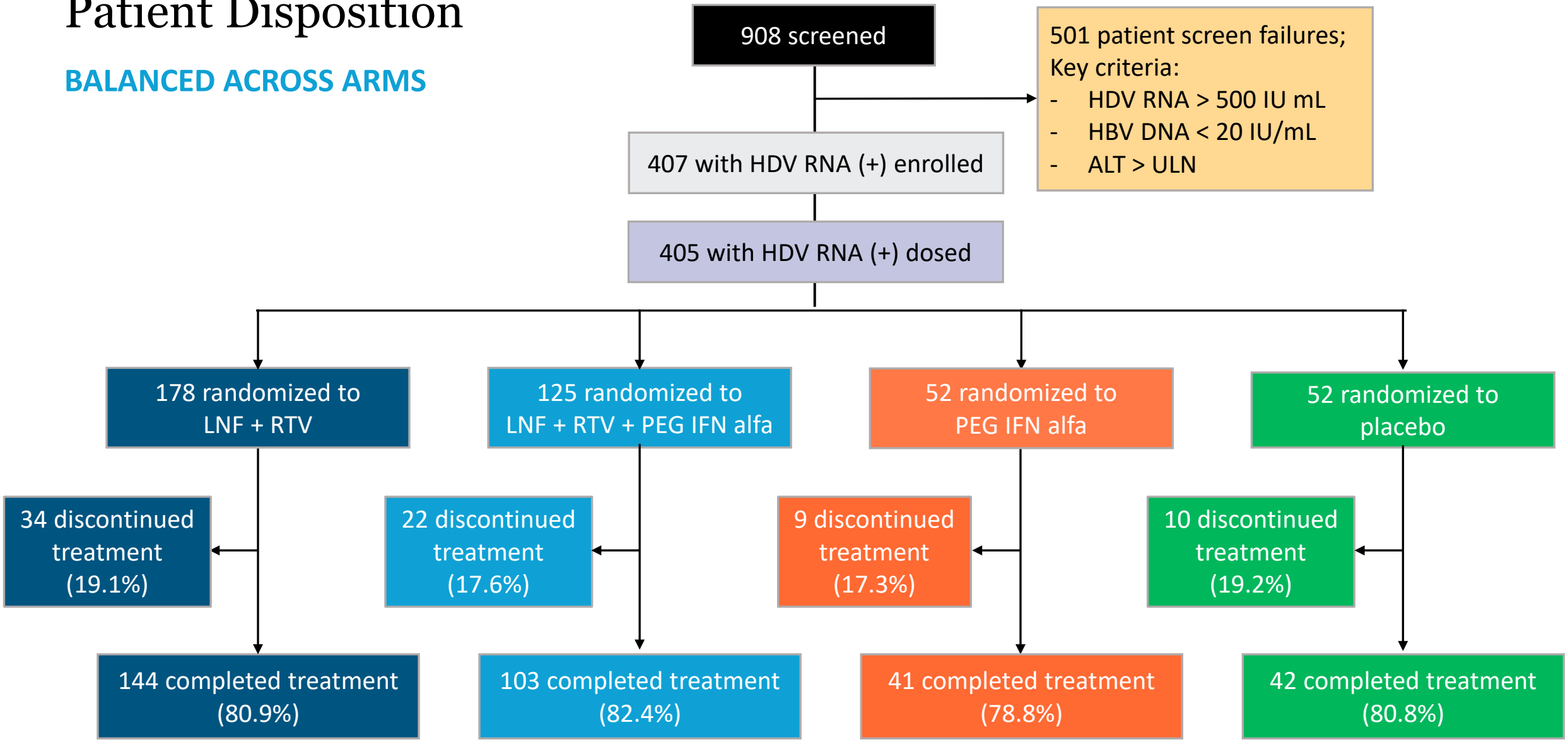
# Patient Disposition

## BALANCED ACROSS ARMS

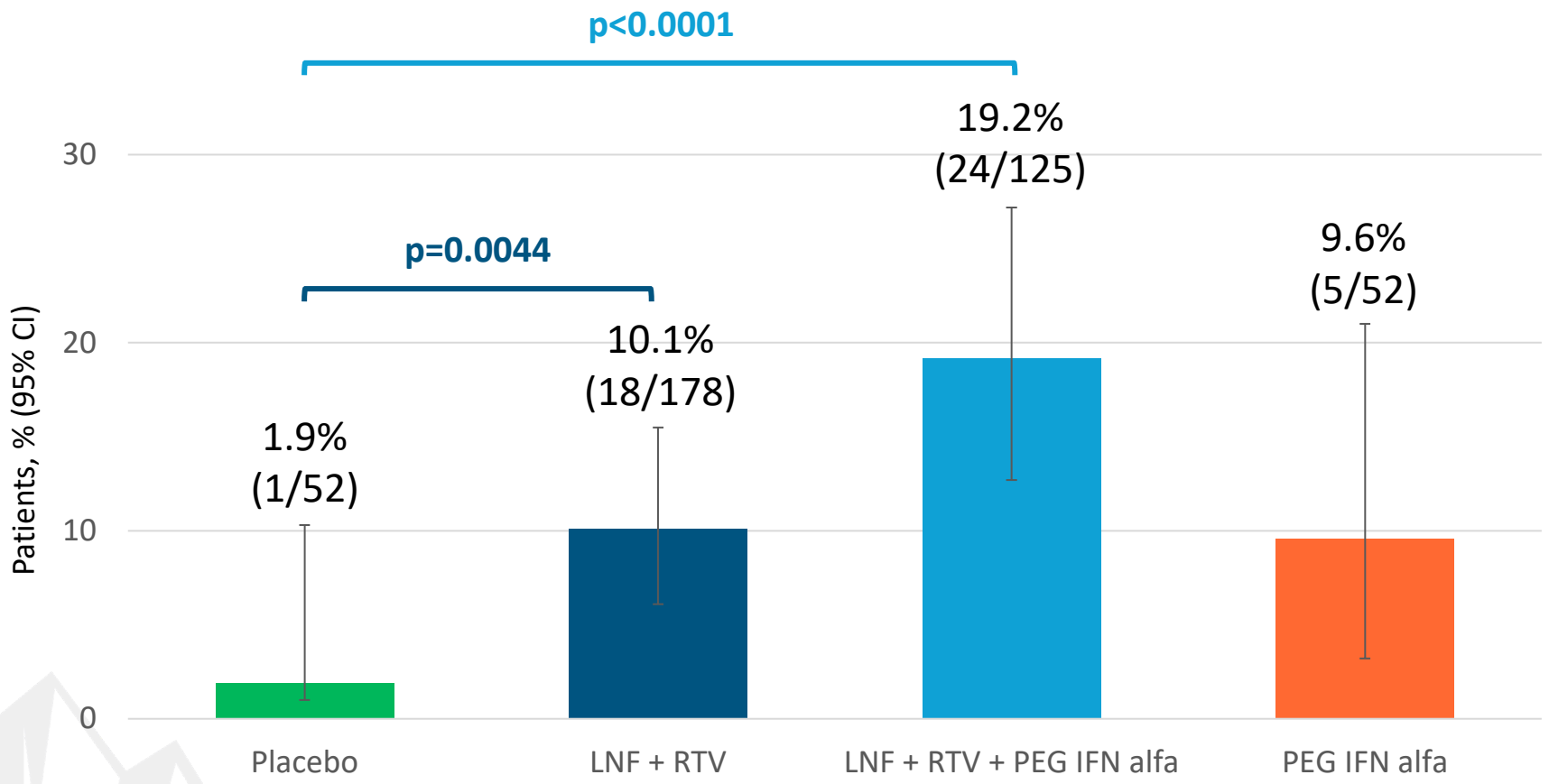


# Baseline Characteristics

| | | Placebo (n=52) | LNF + RTV (n=178) | LNF + RTV + PEG IFN alfa (n=125) | PEG IFN alfa (n=52) | Total (N=407) |
|---|---|---|---|---|---|---|
| Mean age, y (SD) | | 45.7 (10.9) | 42.9 (10.8) | 41.4 (11.5) | 42.3 (11.0) | 407 |
| Men, n (%) | | 39 (75) | 126 (71) | 84 (67) | 33 (64) | 282 (69) |
| Race, n (%) | White | 42 (81) | 130 (73) | 85 (68) | 41 (79) | 298 (73) |
| | Asian | 10 (19) | 40 (23) | 35 (28) | 10 (19) | 95 (23) |
| | Black | 0 | 3 (2) | 3 (2) | 0 | 6 (2) |
| | Other/no reported | 0 | 5 (3) | 1 (1) | 1 (2) | 7 (2) |
| Region | Asia | 6 (12) | 25 (14) | 21 (17) | 7 (14) | 59 (15) |
| | Europe | 43 (83) | 127 (71) | 92 (74) | 41 (79) | 303 (74) |
| | North America | 1 (2) | 14 (8) | 9 (7) | 2 (4) | 26 (6) |
| | Other | 2 (4) | 12 (7) | 3 (2) | 2 (4) | 19 (5) |
| Mean ALT, U/L (SD) | | 122 (83) | 100 (69) | 99 (73) | 82 (47) | 407 |
| Mean HDV RNA, log IU/mL (SD) | | 4.97 (1.12) | 4.94 (1.13) | 5.14 (1.17) | 4.88 (1.19) | 406 |
| HDV genotype, n (%) | 1 | 47 (90) | 174 (98) | 118 (94) | 52 (100) | 391 (96) |
| | 4 / 5 / 8 / not reported | 1 (2) / 0 / 0 / 4 (8) | 0 / 1 (0.6) / 0 / 3 (2) | 0 / 0 / 1 (1) / 6 (5) | 0 / 0 / 0 / 0 | 16 (4) |
| Median HBsAg, log IU/mL (range) | | 3.92 (2.18, 4.75) | 3.83 (2.11, 4.75) | 3.91 (1.16, 4.75) | 3.92 (2.22, 4.63) | 407 |
| Cirrhosis, n (%) | | 15 (29) | 47 (26) | 32 (26) | 14 (27) | 108 (27) |

# Primary Endpoint Achieved with Significance in BOTH Arms

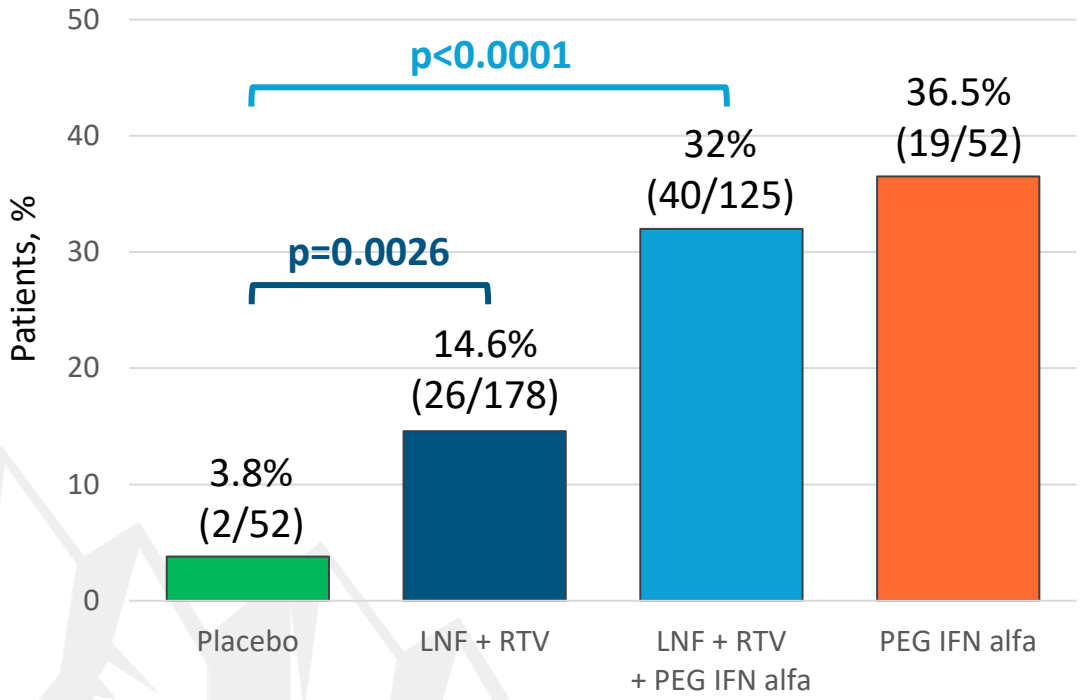
## % PATIENTS ACHIEVING COMPOSITE ≥2 LOG DECLINE IN HDV RNA + ALT NORMALIZATION AT WEEK 48



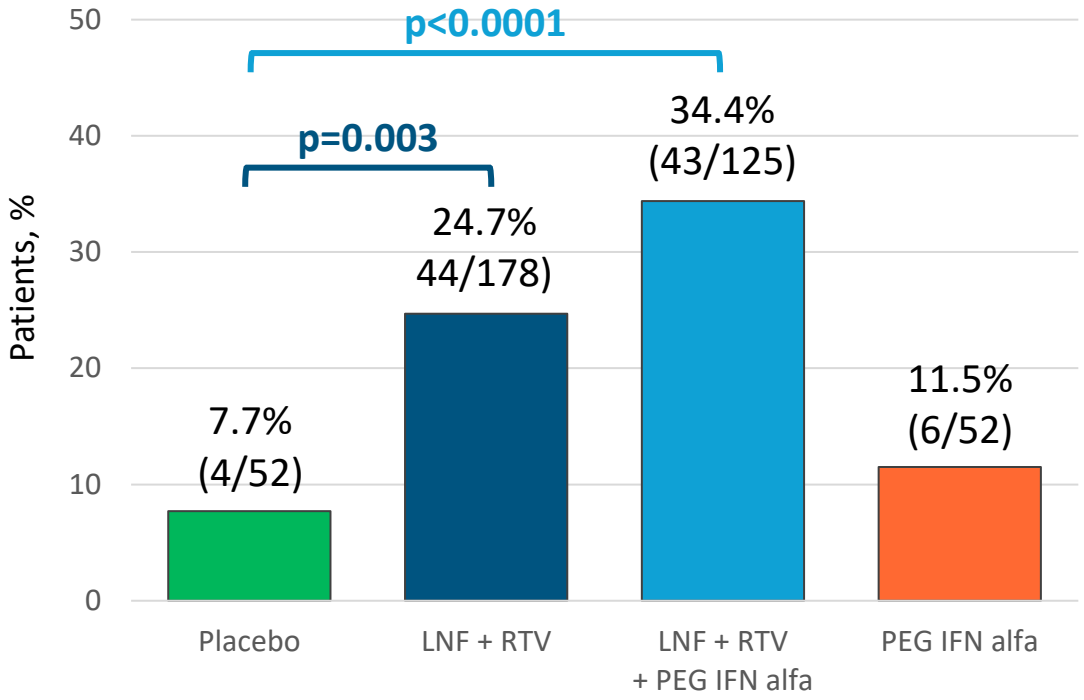
# Key Secondary Endpoints Achieved in BOTH Arms with Significance

## COMPONENTS OF COMPOSITE PRIMARY ENDPOINT AT WEEK 48

**Virological Response:**
**≥ 2 Log Decline in HDV RNA**

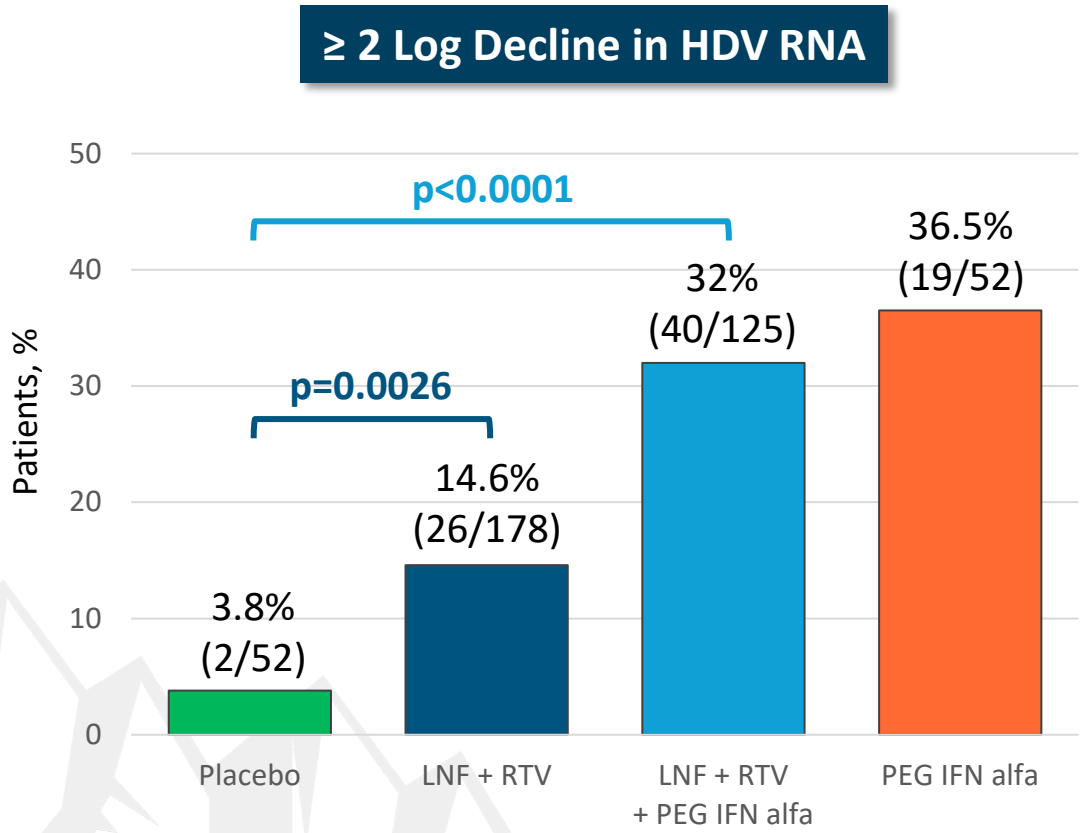


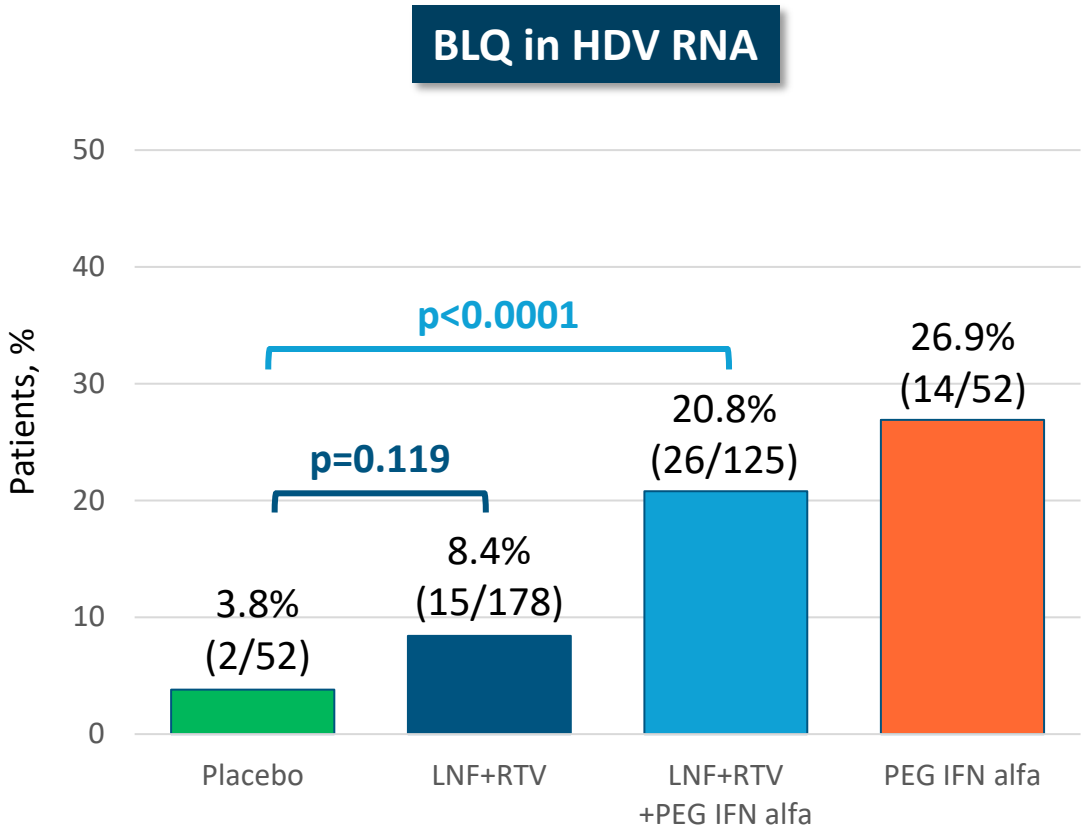

**Biochemical Response:**
**ALT Normalization**



# Virologic Response at End of Treatment

## 20.8% OF PATIENTS IN COMBINATION ARM ARE BELOW LIMIT OF QUANTITATION* (BLQ) AT WEEK 48






* Quest Diagnostics: Limit of quantification = 40 IU/mL

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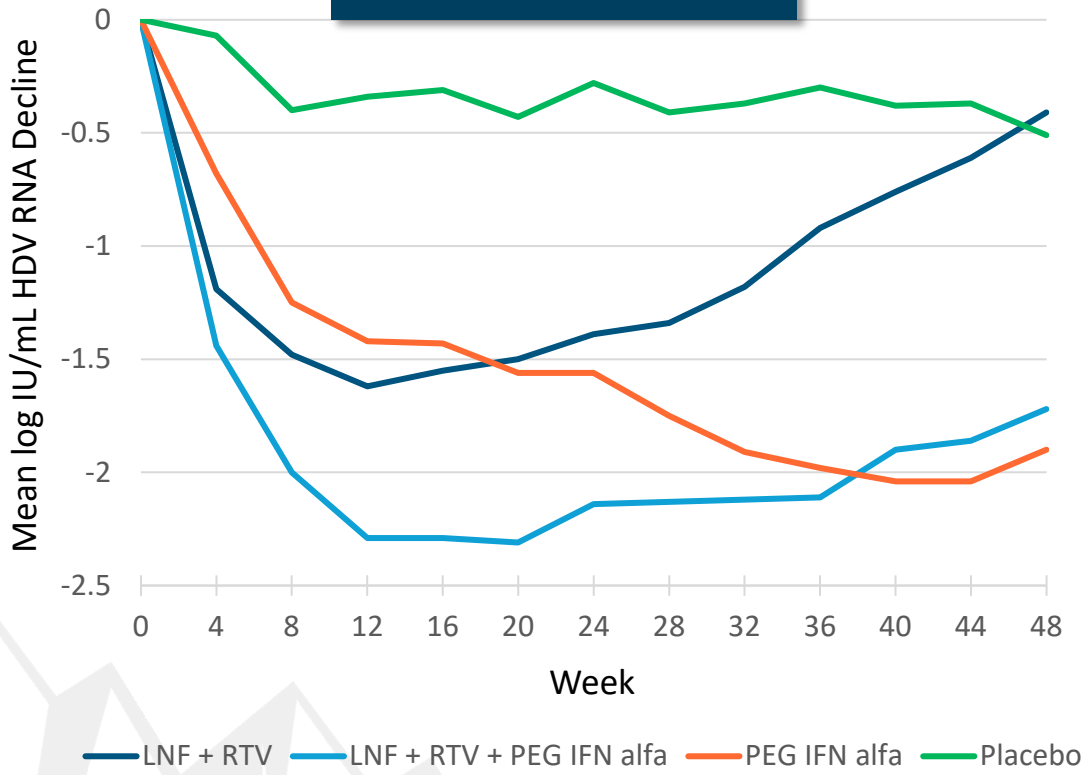
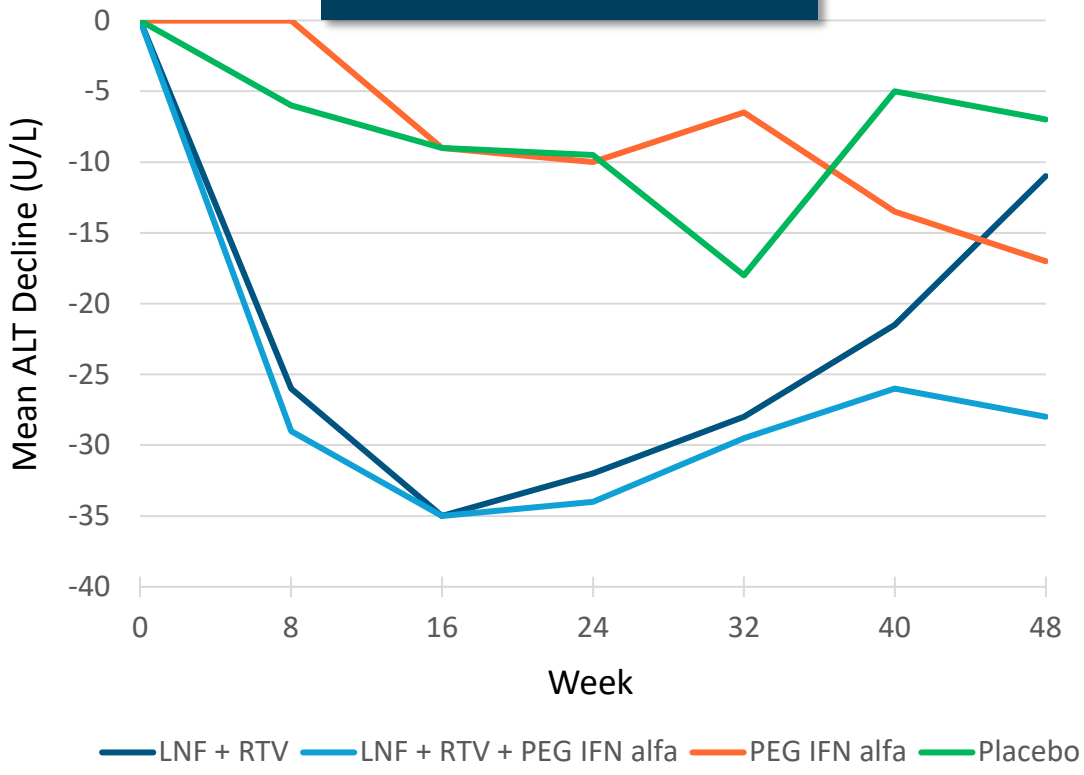
# Mean HDV RNA and ALT Decline Through End of Treatment

## INTENT TO TREAT (ITT) POPULATION (N=405)

**Virological Response:**
HDV RNA Decline




**Biochemical Response:**
ALT Decline



# Key Histological Secondary Endpoint

## ≥ 2 POINT IMPROVEMENT IN ISHAK HISTOLOGY ACTIVITY INDEX AND NO WORSENING OF FIBROSIS

- Histologic improvement endpoint served as a basis for approval in multiple prior HBV registrational programs
- Histology evaluated by blinded assessment of paired liver biopsies collected at baseline and Week 48
- Dr. Zachary Goodman, *D-LIVR* pathologist
  - Director of hepatic pathology consultation and research at Inova Fairfax Hospital
  - Recognized expert in hepatobiliary pathology and liver biopsy interpretation
  - Lead pathologist for multiple clinical trials for the treatment of chronic viral HBV, HCV, and NASH

# Histology Response Rates at Week 48

## PATIENTS WITH EVALUABLE PAIRED BIOPSIES (n=229)

| | % (n) | | | |
|---|---|---|---|---|
| **Response** | Oral n=107 | Combo n=66 | PEG IFN alfa n=26 | Placebo n=30 |
| **Histologic Composite Endpoint** | 33% (35) (p=0.61) | 53% (35) (p=0.0139) | 38% (10) (p=0.46) | 27% (8) |

- Histologic Composite Endpoint: ≥ 2-point improvement in HAI* score + no worsening in Ishak fibrosis score
- Liver histology is the most direct way to assess improvements in:
  - Liver injury (necrosis and inflammation) measured by HAI score
  - Liver scarring (fibrosis) measured by fibrosis score



* HAI = histology activity index

# Additional Analyses

- No discernible benefit in any prespecified subgroup
  - Baseline viral load (≤ 4 log vs > 4 log)
  - Cirrhotic vs non-cirrhotic
- Additional sub-analysis for predictors of early response (on-going)
- Week 72, 24-week post-treatment follow up period (on-going)
  - Key secondary endpoints including durability of virologic, biochemical, and composite responses

# Phase 3 *D-LIVR* Topline Safety

**Colin Hislop, MBBS**

- **Senior Vice President of Clinical & Development Operations, Eiger**
- **Phase 3 *D-LIVR* Study Medical Monitor**

# Overall Safety through Week 48

## BOTH LONAFARNIB-TREATMENT REGIMENS WERE WELL-TOLERATED

| | N (%) | | | | |
|---|---|---|---|---|---|
| | Placebo (n=52) | LNF + RTV (n=178) | LNF + RTV + PEG IFN alfa (n=125) | PEG IFN alfa (n=50) | Total (N=405) |
| Patients ≥ 1 TEAE | 37 (71) | 168 (94) | 120 (96) | 48 (96) | 373 (92) |
| Patient discontinuation due to LNF | 1 (2) | 16 (9) | 10 (8) | 1 (2) | 28 (7) |
| Patient discontinuation due to RTV | 1 (2) | 15 (8) | 10 (8) | 1 (2) | 27 (7) |
| Patient discontinuation due to PEG IFN alfa | 0 | 0 | 12 (10) | 1 (2) | 13 (3) |
| Patients with serious TEAE | 2 (4) | 15 (8) | 18 (14) | 5 (10) | 40 (10) |
| Patients with ≥ 1 TEAE leading to death | 0 | 1 (1)[1] | 0 | 1 (2)[2] | 2 (1) |



[1]Deemed unrelated to treatment
[2]Deemed related to treatment

# Dose Modifications

## 33% OF PATIENTS DOSE REDUCED; ~50% SUBSEQUENTLY DOSE INCREASED

| | N (%) | | | | |
|---|---|---|---|---|---|
| | Placebo (n=52) | LNF + RTV (n=178) | LNF + RTV + PEG IFN alfa (n=125) | PEG IFN alfa (n=52) | Total (N=407) |
| Patients who dose reduced, n (%) | 0 | 46 (26) | 65 (52) | 22 (44) | 133 (33) |
| Patients who subsequently dose increased, n (%) | 0 | 26 (57) | 35 (54) | 10 (46) | 71 (53) |
| Patients with ≥ 1 dose interruption/missed dose, n (%) | 14 (27) | 76 (43) | 64 (51) | 27 (54) | 181 (45) |
| Patients who subsequently restarted, n (%) | 11 (79) | 72 (95) | 57 (89) | 25 (93) | 165 (91) |
| Reason for first dose interruption/missed dose | | | | | |
| Adverse Event, n (%) | 2 (4) | 19 (11) | 34 (27) | 10 (20) | 65 (16) |
| Other (drug availability, etc) , n (%) | 12 (23) | 57 (32) | 30 (24) | 17 (34) | 116 (29) |

# Phase 3 *D-LIVR* Topline Data Summary

**David Apelian, MD, PhD**

- **Former Executive Medical Officer, Eiger**
- **Member of the Board of Directors, Eiger**

# D-LIVR Topline Data

## SUMMARY

- Both lonafarnib arms achieve the composite primary endpoint vs PBO with statistical significance
- Secondary endpoints of virologic response and ALT normalization, separately, are also statistically significant
- Statistically significant improvement in histology in the combination arm
  - Further strengthens assessment of the potential utility/benefit of treatment
  - Could be predictive of improved long term clinical outcomes

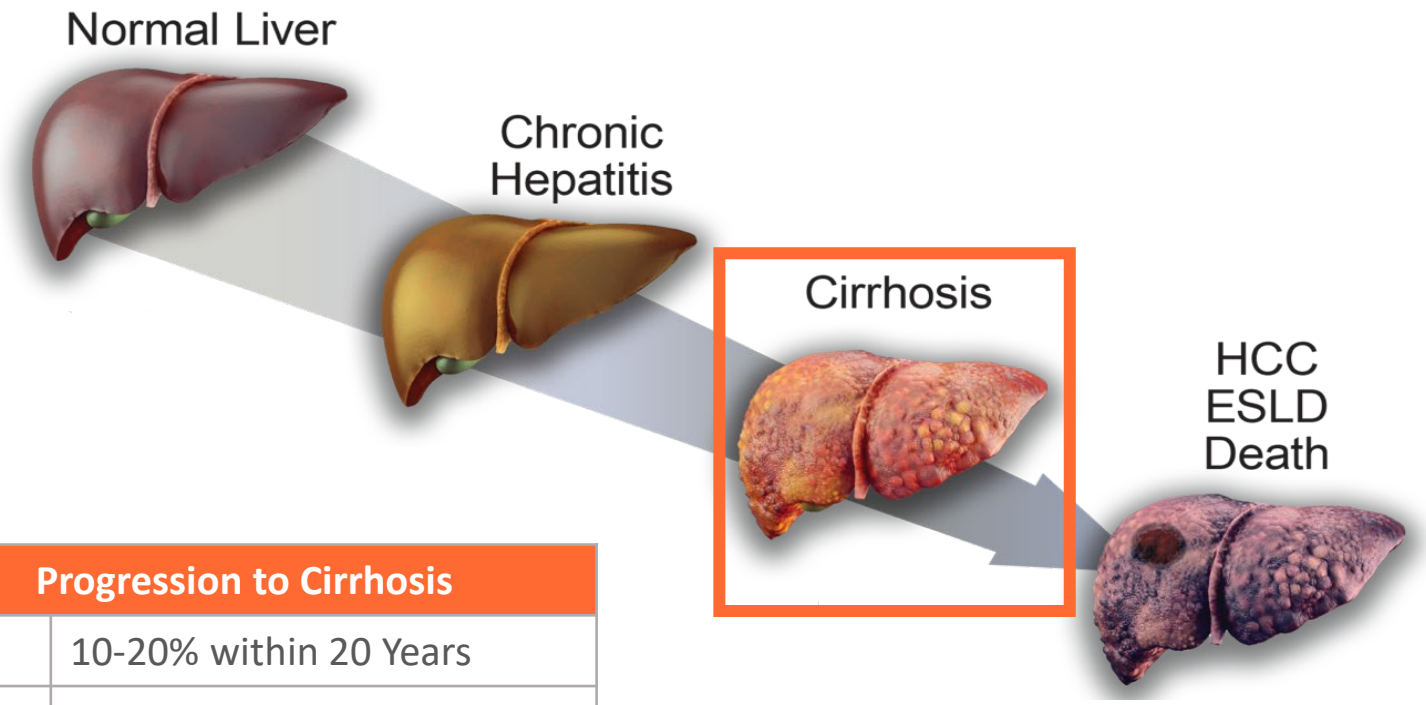
# Clinician / Investigator Perspective

**Ohad Etzion, MD**

- **Director of Gastroenterology and Liver Diseases, Soroka University Medical Center**
- **Phase 3 *D-LIVR* Study Co-Lead Investigator**

# HDV: Most Severe Form of Viral Hepatitis

## 50% OF PATIENTS CIRRHOTIC AT DIAGNOSIS



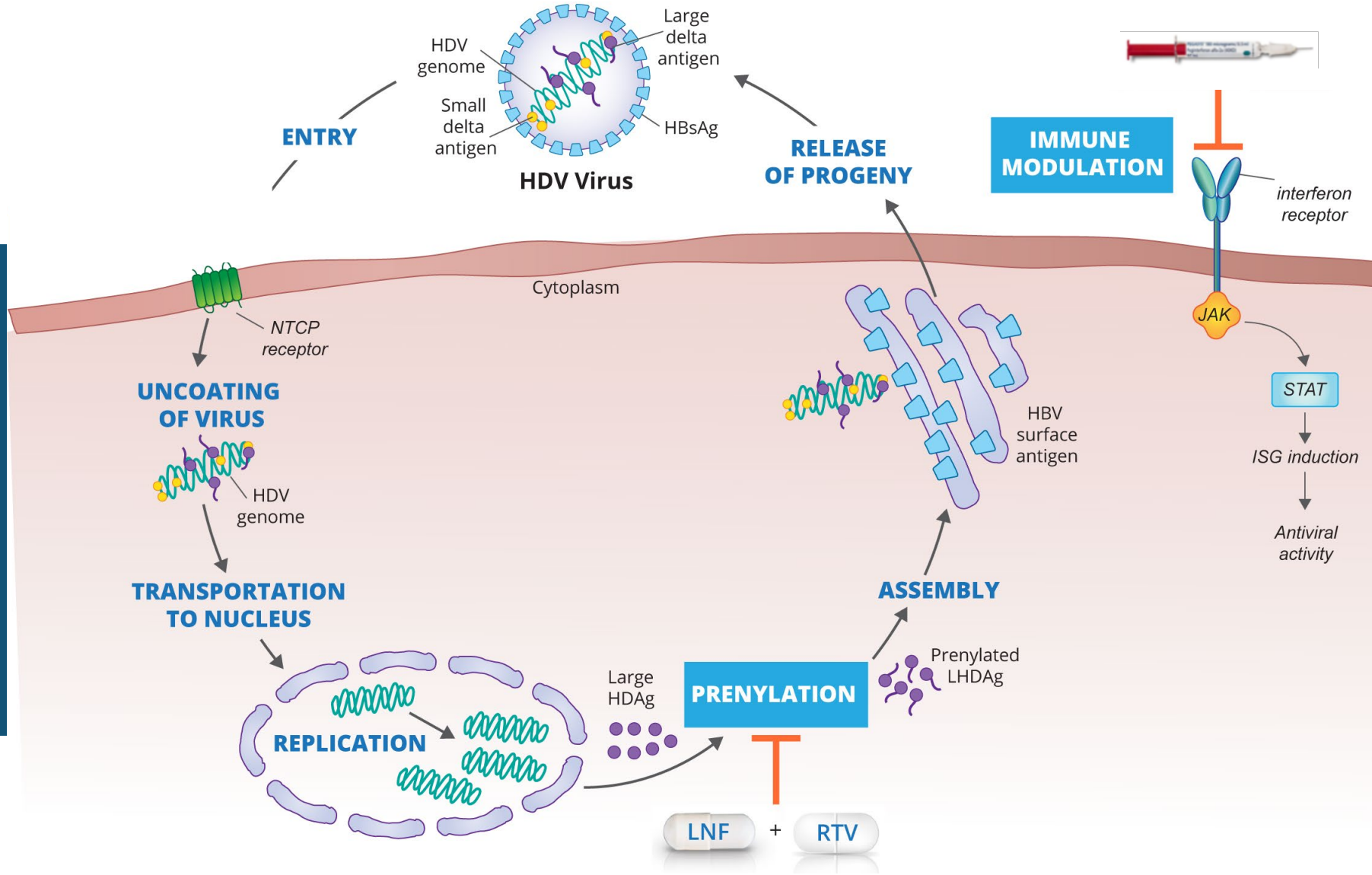

| Progression to Cirrhosis | |
|---|---|
| **HCV** | 10-20% within 20 Years |
| **HBV** | 20% within 5 Years |
| **HDV** | **70% within 5-10 Years** |



Westbrook et al, *J Hepatology* 2014
Fattovich et al, *Seminars in Liver Diseases* 2003

Nourredin et al, *Curr. Gasterol. Rep 2013*

# Different Mechanisms of Action to Treat HDV



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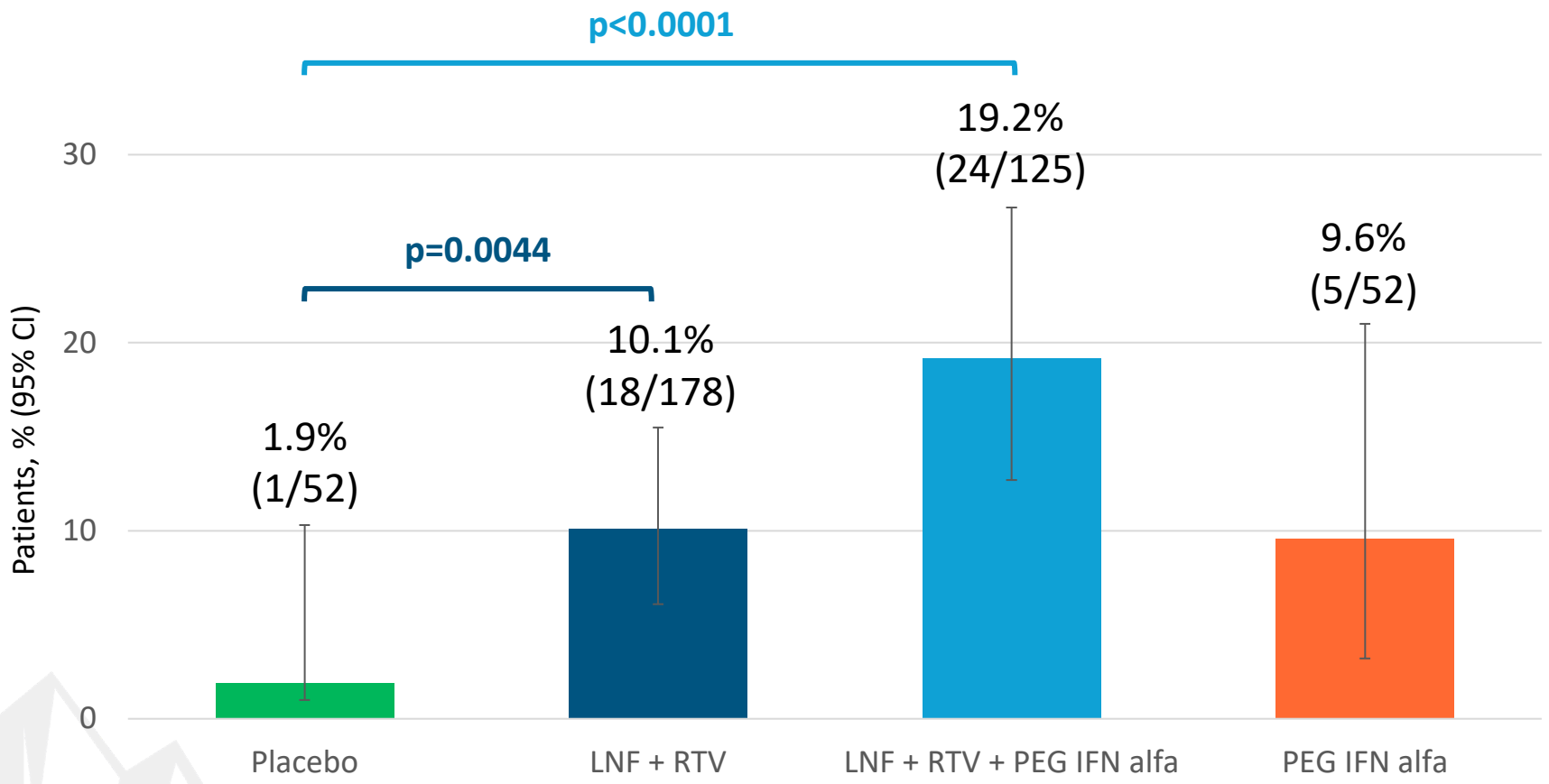
# Primary Endpoint Achieved with Significance in BOTH Arms

## % PATIENTS ACHIEVING COMPOSITE ≥2 LOG DECLINE IN HDV RNA + ALT NORMALIZATION AT WEEK 48



# Histology Response Rates at Week 48

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| **Histologic Endpoint*** | 33% (35) (p=0.61) | 53% (35) (p=0.0139) | 38% (10) (p=0.46) | 27% (8) |

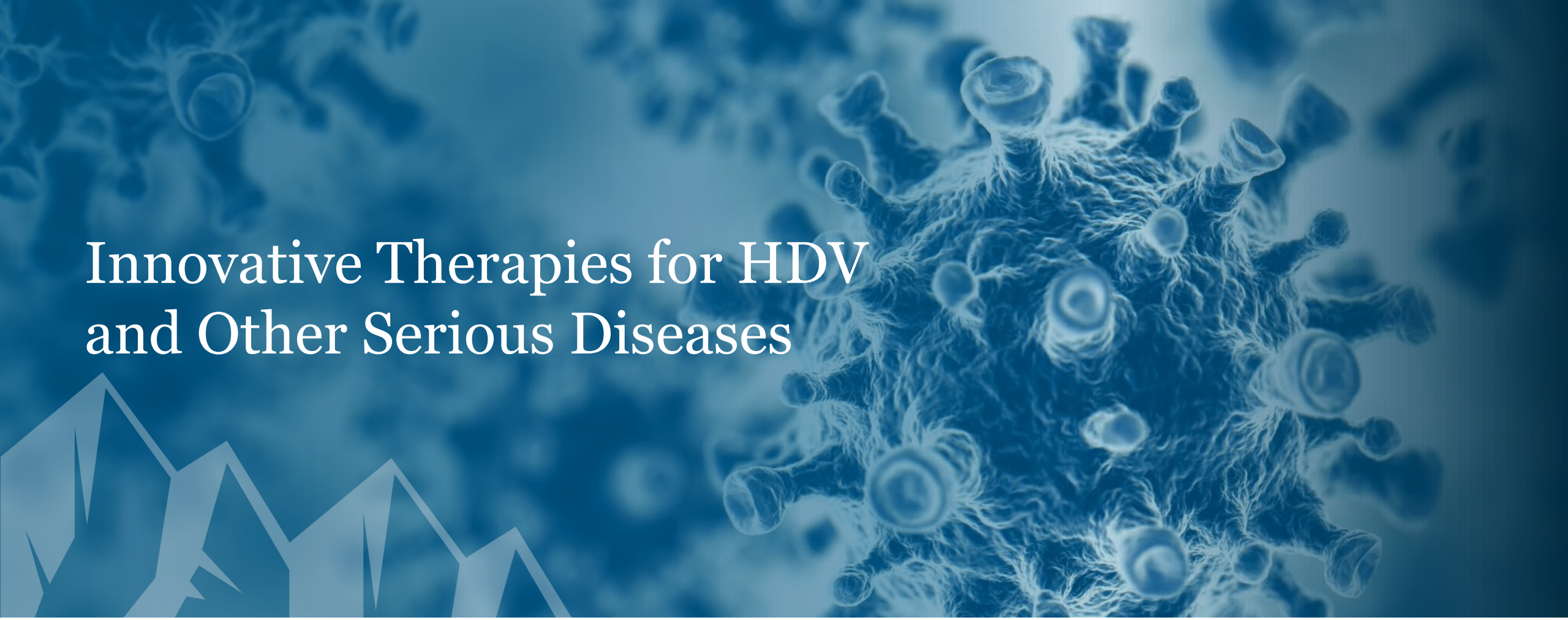
- Histologic assessment is highly important
- Non-invasive tests used for disease staging in other forms of viral hepatitis show suboptimal performance in chronic HDV

* Histologic Endpoint = ≥ 2 point improvement in Ishak histology activity index and no worsening of fibrosis at Week 48

# Closing Remarks

**David Cory – President and CEO**

# Q&A



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