



# *Building a Franchise in HDV*

*Sarasar<sup>®</sup> (lonafarnib)*

*Pegylated Interferon Lambda-1a*



# ***Forward-Looking Statements***

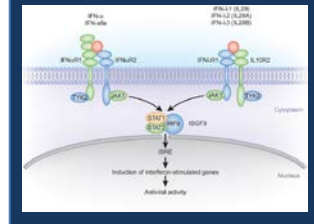
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Forward-looking statements involve known and unknown risks, uncertainties, assumptions and other factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Forward-looking statements represent our beliefs and assumptions only as of the date of this presentation. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.



# **PEG IFN Lambda**

## ***The Next Frontier in Interferon Therapy***



## Interferon-Lambda: A New Addition to an Old Family

The discovery and initial description of the interferon- $\lambda$  (IFN- $\lambda$ ) family in early 2003 opened an exciting new chapter in the field of IFN research. There are 3 IFN- $\lambda$  genes that encode 3 distinct but highly related proteins denoted IFN- $\lambda$ 1, - $\lambda$ 2, and - $\lambda$ 3. These proteins are also known as interleukin-29 (IL-29), IL-28A, and IL-28B, respectively. Collectively, these 3 cytokines comprise the type III subset of IFNs. They are distinct from both type I and type II IFNs for a number of reasons, including the fact that they signal through a heterodimeric receptor complex that is different from the receptors used by type I or type II IFNs. Although type I IFNs (IFN- $\alpha/\beta$ ) and type III IFNs (IFN- $\lambda$ ) signal via distinct receptor complexes, they activate the same intracellular signaling pathway and many of the same biological activities, including antiviral activity, in a wide variety of target cells. Consistent with their antiviral activity, expression of the IFN- $\lambda$  genes and their corresponding proteins is inducible by infection with many types of viruses. Therefore, expression of the type III IFNs (IFN- $\lambda$ s) and their primary biological activity are very similar to the type I IFNs. However, unlike IFN- $\alpha$  receptors which are broadly expressed on most cell types, including leukocytes, IFN- $\lambda$  receptors are largely restricted to cells of epithelial origin. The potential clinical importance of IFN- $\lambda$  as a novel antiviral therapeutic agent is already apparent. In addition, preclinical studies by several groups indicate that IFN- $\lambda$  may also be useful as a potential therapeutic agent for other clinical indications, including certain types of cancer.

- *First developed by Zymogenetics*
  - *Clinical Development into Phase 2 in early 2000's*
- *Proposed benefit: improved safety and tolerability vs PEG IFN alfa*
- *Target indication: HCV*
- *Acquired by Bristol-Myers Squibb in 2010*
- *Greater than 3,000 patients in 17 clinical trials*
  - *Phase 2 and Phase 3 studies in HCV and HBV*
- *Discontinued following advent of all oral HCV combinations*

# **PEG IFN Lambda**

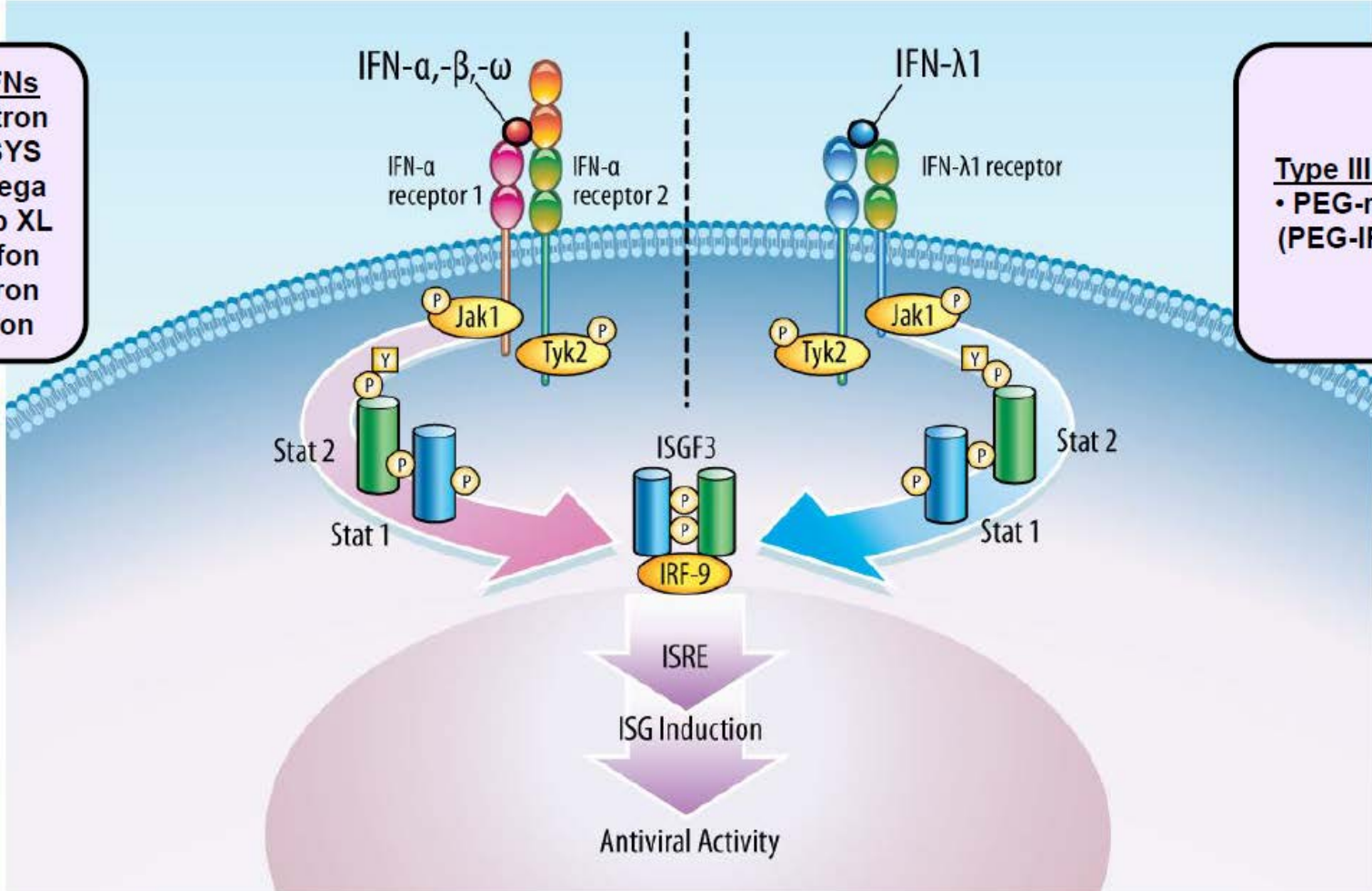
## ***A targeted interferon for HDV***

- *A novel, first in class Type III interferon*
  - *Native Lambda is generated by human immune system in viral infections*
- *Binds to a unique receptor versus Type I interferons*
  - *Highly expressed on hepatocytes*
  - *Limited expression on hematopoietic cells and CNS cells*
- *Uses similar downstream signaling pathway as Type I interferons*
- *Anti HCV / Anti HBV activity demonstrated in clinical studies*
- *Antiviral activity with less of the typical IFN alfa related side effects*
- *Anti HDV activity demonstrated in humanized liver mouse model*

# Type I Interferons versus Type III Interferons

## alfa, beta, omega versus lambda

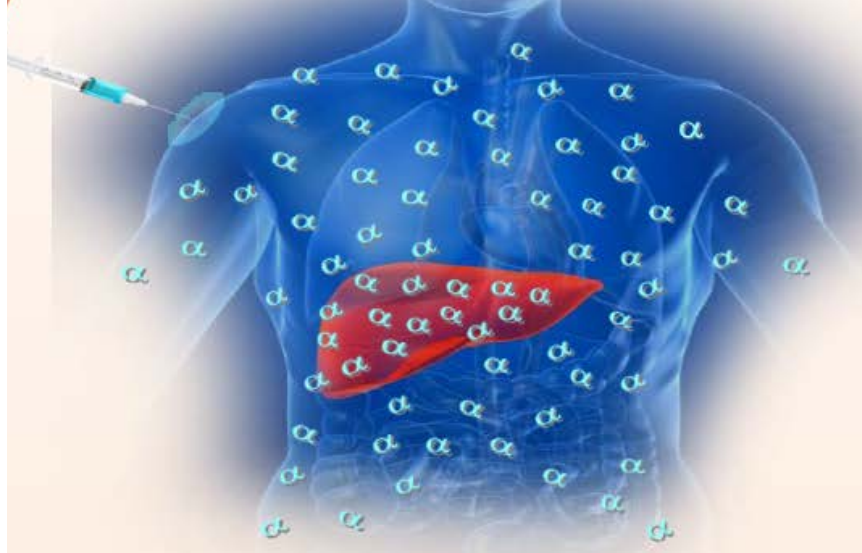
- Type I IFNs**
- PEG-Intron
  - PEGASYS
  - IFN omega
  - IFN- $\alpha$ 2b XL
  - Belerofon
  - Albuferon
  - Locteron



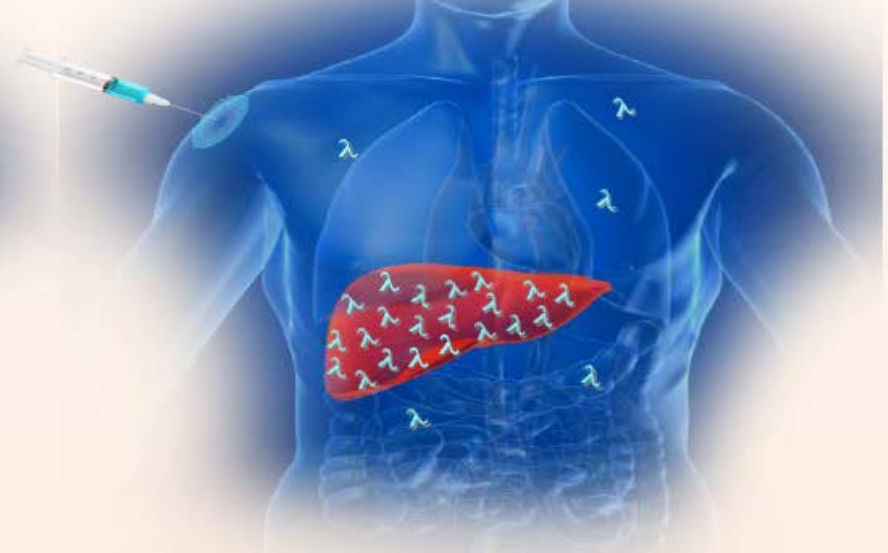
- Type III IFNs**
- PEG-rIL-29 (PEG-IFN- $\lambda$ )

# Potential Impact of Lambda Receptor Distribution

IFN- $\alpha$  receptors **widely** distributed throughout body.



Lambda receptors NOT **widely** distributed throughout body.



Potential for **MORE** IFN-associated abnormalities:

- ↑ Neutropenia
- ↑ Thrombocytopenia
- ↑ Flu-like Symptoms
- ↑ Musculoskeletal Symptoms

Potential for **LESS** IFN-associated abnormalities:

- ↓ Neutropenia
- ↓ Thrombocytopenia
- ↓ Flu-like Symptoms
- ↓ Musculoskeletal Symptoms



# PEG IFN Lambda Safety versus PEG IFN Alfa

## Results of Clinical Study in HBV Infected Patients

Type of Event	Event	Lambda 180 mcg (N = 80)	Alfa 180 mcg (N = 83)
		# of patients (%)	
Serious adverse events		7 (8.8)	5 (6.0)
Adverse events leading to discontinuation		6 (7.5)	8 (9.6)
Adverse events (any grade) in >15% in any group	Pyrexia	8 (10.0)	38 (45.8)
	Alopecia	9 (11.3)	25 (30.1)
	Fatigue	26 (32.5)	24 (28.9)
	Headache	11 (13.8)	24 (28.9)
	Neutropenia	0	20 (24.1)
	Myalgia	3 (3.8)	18 (21.7)
	Dizziness	5 (6.3)	13 (15.7)
	Pruritus	7 (8.8)	13 (15.7)
	ALT Increase	15 (18.8)	8 (9.6)
Adverse event categories of special interest	Constitutional	28 (35.0)	26 (31.3)
	Neurological	18 (22.5)	30 (36.1)
	Flu-like	13 (16.3)	45 (54.2)
	Musculoskeletal	5 (6.3)	23 (27.7)
	Psychiatric	11 (13.8)	15 (18.1)

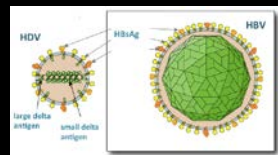


# PEG IFN Lambda Safety versus PEG IFN Alfa

## Results of Clinical Study in HBV Infected Patients

Type of Event	Event	Lambda 180 mcg (N = 80)	Alfa 180 mcg (N = 83)
		# of patients (%)	
Grade 3-4 laboratory abnormalities	ALT increases (>5 x ULN)	33 (41.3)	19 (23.3)
	AST increases (>5 x ULN)	27 (33.8)	15 (18.3)
	Hyperbilirubinemia (>2.5 x ULN)	3 (3.8)	0
	Neutropenia (<750 cells / mm <sup>3</sup> )	2 (2.5)	17 (20.7)
	Thrombocytopenia (<50,000 cells / mm <sup>3</sup> )	0	1 (1.2)
	Hemoglobin (<9 g/dL or 4.5 g/dL decrease from baseline)	0	0
ALT flares		13 (16.3)	6 (7.2)
Dose reductions		12 (15.0)	23 (27.7)
Dose interruptions		8 (10.0)	4 (4.8)

Journal of  
Hepatology

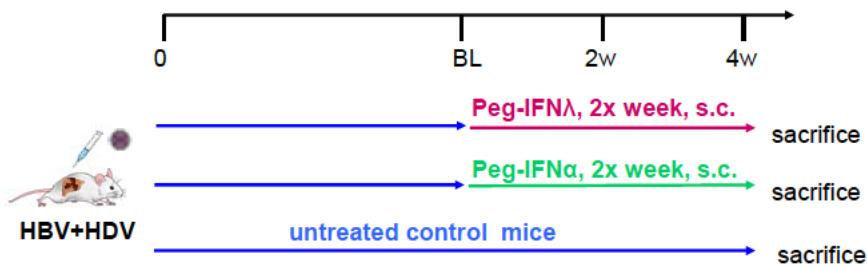




# PEG IFN Lambda Suppresses HDV RNA

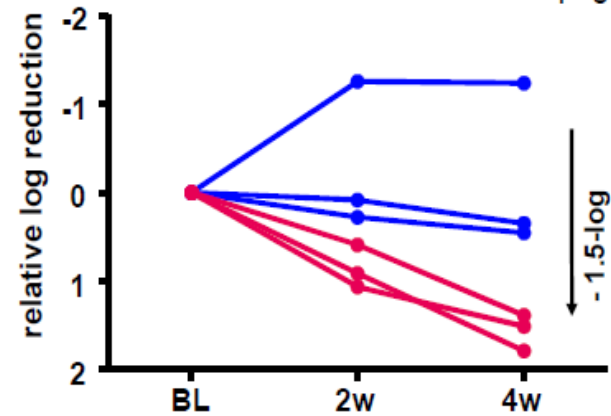
## Strongly Enhanced Innate Immune Response of Human Hepatocytes

### Experimental Design

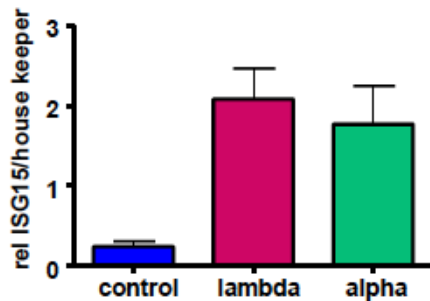


### HDV Viremia

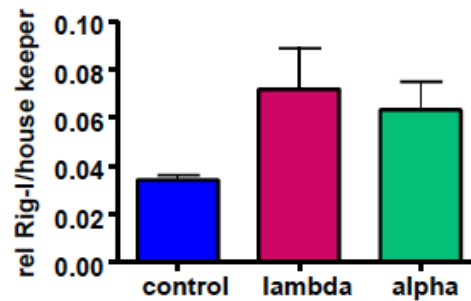
Legend: ● control, ● peg IFN lambda



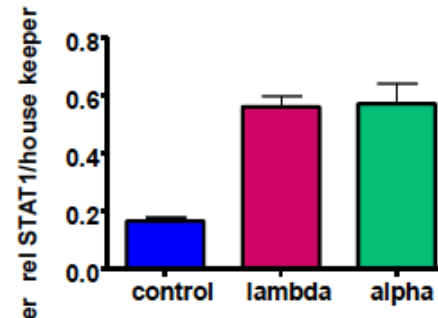
### ISG15 = 6.2 Fold



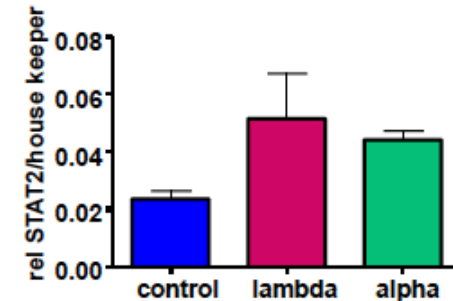
### Rig-I = 1.9 Fold



### STAT1 = 6.2 Fold











### STAT2 = 11.2 Fold



# Sarasar<sup>®</sup> (lonafarnib) Phase 2 HDV Program

LOWR 1 and LOWR 2 Include PEG IFN  $\alpha$  Combination Dosing

- **Proof of Concept**
  - Monotherapy  $N = 14$    Complete
- **LOWR HDV – 1**
  - Combinations **+/- PEG IFN  $\alpha$**   $N = 15$    Complete
- **LOWR HDV – 2**
  - Dose Finding **+/- PEG IFN  $\alpha$**   $N = 37$    Dosing
- **LOWR HDV – 3**
  - Duration  $N = 21$    Dosing
- **LOWR HDV - 4**
  - Titration  $N = 15$    Dosing

# **PEG IFN Lambda**

## **Plans**

- *Replace PEG IFN alfa in next Eiger HDV studies*
- *Efficiently study potential use as:*
  - *An effective monotherapy in HDV*
  - *An effective combination therapy with Lonafarnib in HDV*
- *Identify potential for better tolerability versus PEG IFN alfa in HDV*
- *Offer a proprietary interferon with more optimal efficacy / tolerability*
- *Apply for Orphan Designation & Fast Track status*
- *Create an HDV franchise opportunity at Eiger*



# **PEG IFN Lambda**

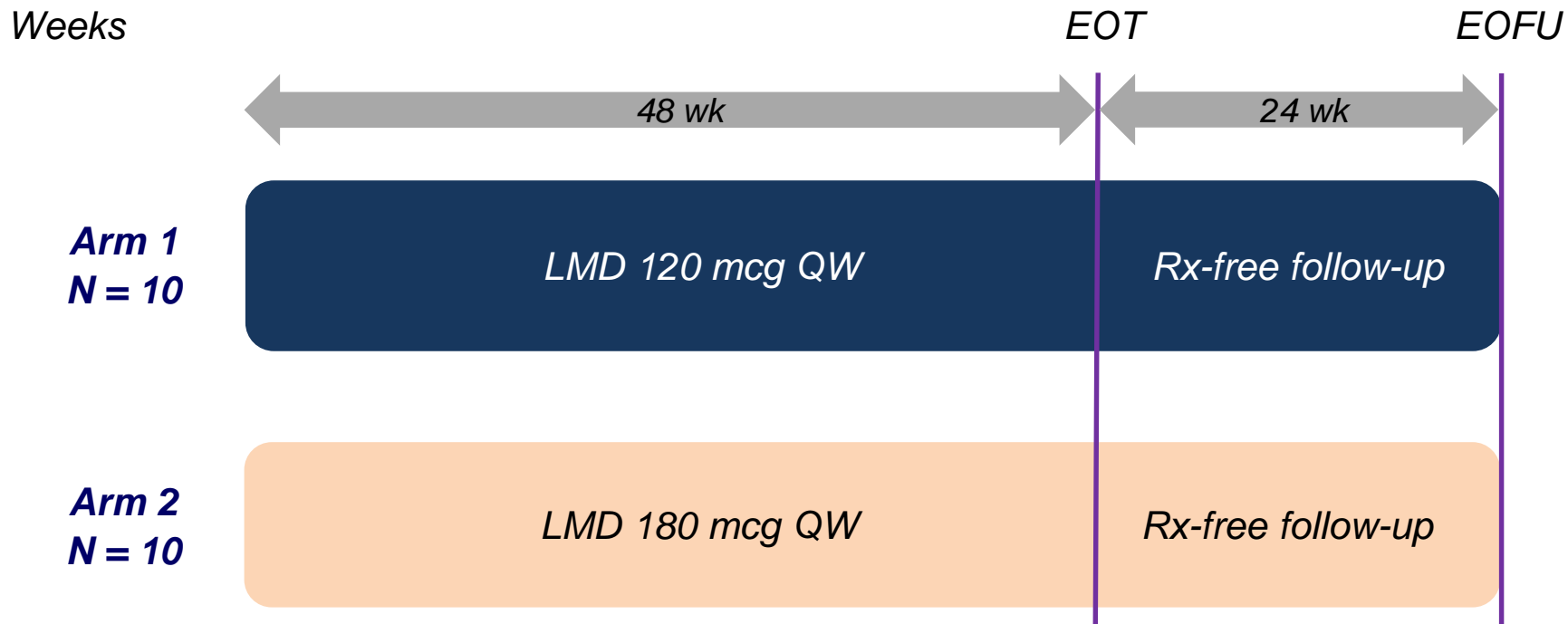
## **Expected Timelines**

- *Drug Product on hand sufficient for Phase 2*
  - *Quantities may supply development through registration*
- *Monotherapy study in HDV to begin in 2H2016*
  - *Lambda alone dose ranging study*
- *Combination study in HDV to begin in 2H2016*
  - *Lonafarnib + Ritonavir + Lambda*
- *Efficient generation of Phase 2 POC data in 4Q2017*
  - *Multiple, international sites*

# Monotherapy - Phase 2 POC Study in HDV

LMD 120 mcg QW vs LMD 180 mcg QW

Objective: Safety and Efficacy of LMD 120 mcg vs LMD 180 mcg



New Zealand: Ed Gane (Auckland)



Pakistan: Saeed Hamid (Karachi)





# PEG IFN Lambda Monotherapy

## Clinical / Regulatory POC Plan



2016

2017

2018

★ Regulatory Filings ✓

Enroll ★

Dosing ★

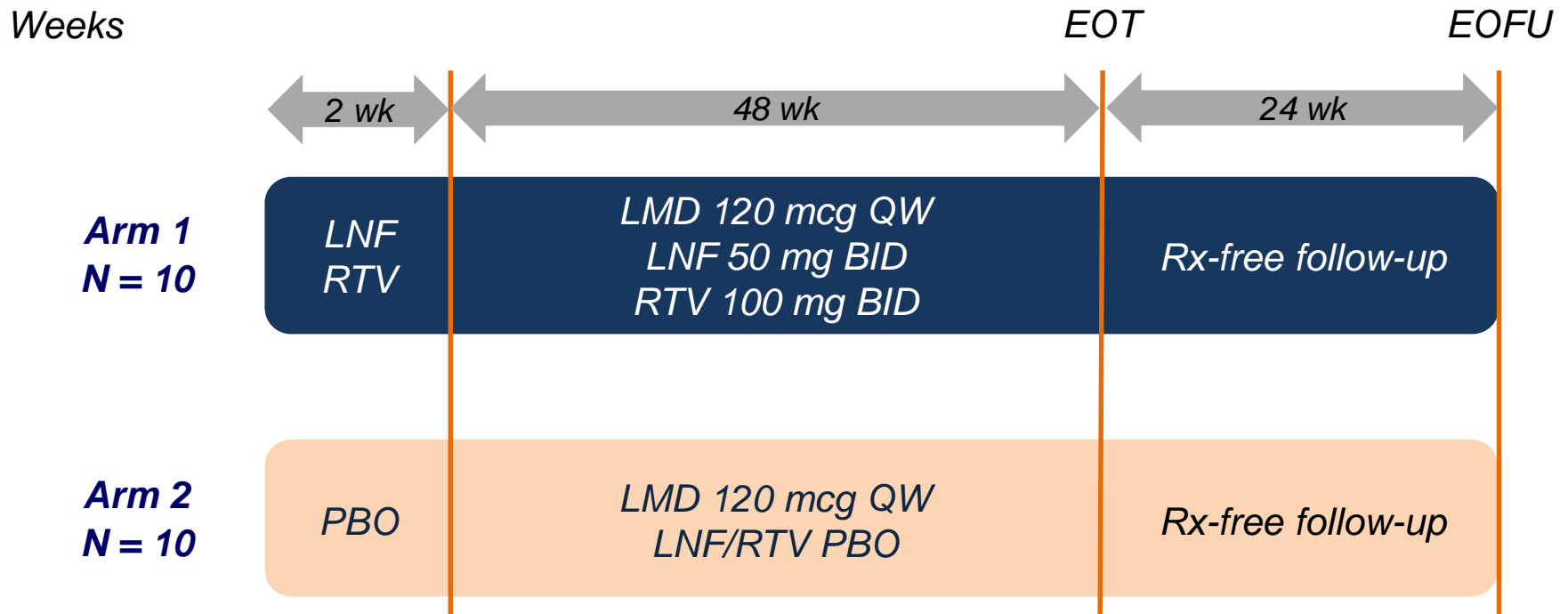
★ EOT Data  
  
AMERICAN ASSOCIATION FOR  
THE STUDY OF LIVER DISEASES  
2017

★ Post TRx Data  
  
EASL  
The Home of Hepatology  
2018

# Combination - Phase 2 POC Study in HDV

**LNF 50 mg BID / RTV 100 mg BID + LMD 120 mcg QW**

*Objective: Safety and Efficacy of LNF + RTV + LMD vs LMD Alone*



Planned Sites:







# PEG IFN Lambda Combination

## Clinical / Regulatory POC Plan



2016

2017

2018



Regulatory Filing



Regulatory Filing

Enroll



Dosing



EOT Data



# Sarasar<sup>®</sup> (lonafarnib) in HDV

## Phase 2 Results Expected in 2016 / 2017

2015

2016

2017



Phase 2 LOWR HDV - 2

N = 37



Interim Data



THE INTERNATIONAL  
LIVER CONGRESS™ 2016  
APRIL 13-17, BARCELONA, SPAIN



EOT Data



2016



Phase 2 LOWR HDV - 3

N = 21



EOT Data



2016



Post TRx Data



2017



Phase 2 LOWR HDV - 4

N = 15



EOT Data



2016



Post TRx Data



2017

# Potential Registration Pathways

## Building an HDV Franchise

<b>HDV Registration Options</b>	<b>Clinical Description</b>	<b>Treatment Option</b>  <i>All Oral</i>	<b>Treatment Option</b>  <i>Triple Combo</i>	<b>Treatment Option</b>  <i>Mono</i>
<b>Cure</b>	<i>HDV RNA Negativity + ALT Normalization</i>	<i>Lonafarnib + Ritonavir</i>	<i>Lonafarnib + Ritonavir + Lambda</i>	<i>Lambda</i>
<b>Chronic Treatment</b>	<i>HDV RNA Reduction + ALT Normalization</i>	<i>Lonafarnib + Ritonavir</i>		



# *Building a Franchise in HDV*

*Sarasar<sup>®</sup> (lonafarnib)*

*Pegylated Interferon Lambda-1a*

