Aurinia™

AURORA Phase 3 Study Demonstrates Voclosporin Statistical Superiority Over Standard of Care in Lupus Nephritis

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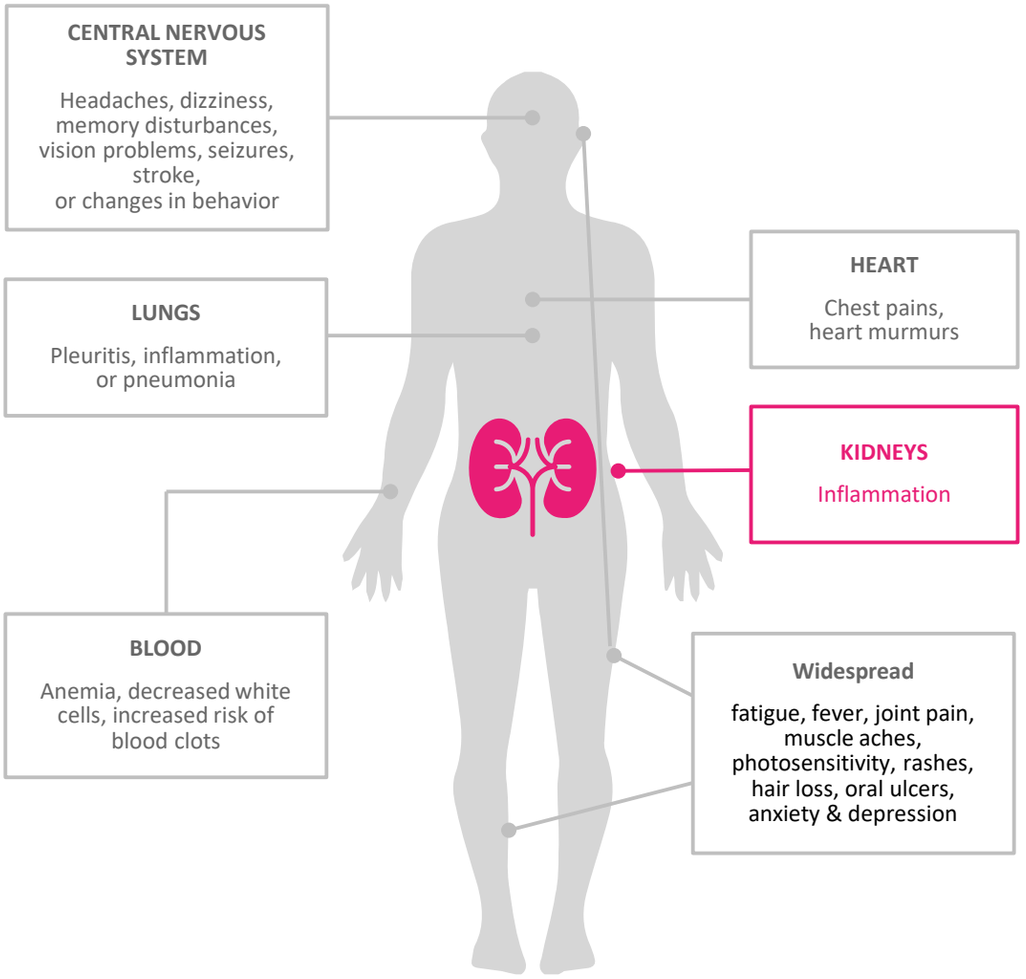
SLE & Lupus Nephritis (LN) Overview



SLE is a chronic, complex and often disabling autoimmune disorder

Affects over 500K people in the US (mostly women)[1]

Highly heterogeneous, affecting range of organ & tissue systems[1]

LN is an inflammation of the kidneys caused by SLE & represents a serious progression of SLE

Up to 50% of SLE patients develop LN[2]

Leakage of blood proteins into the urine (proteinuria) is clinical sign of LN[4]

Straightforward disease outcomes—early response correlates w/long term outcomes; measured by proteinuria[2]

Debilitating and costly, often leading to ESRD, dialysis, renal transplant, and death[2]

Severe LN progresses to ESRD within 15 years of diagnosis in 10% to 30% of patients[3]

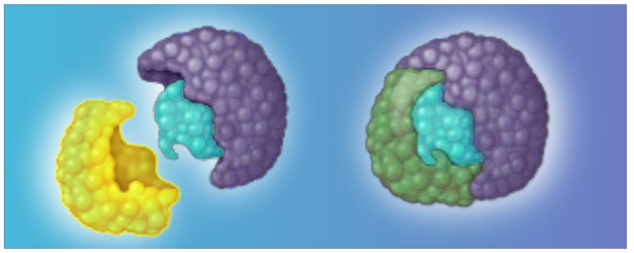
1. Lupus Foundation of America website: http://www.lupus.org/about/statistics-on-lupus
2. NIDDK, *Lupus Nephritis*. https://www.niddk.nih.gov/health-information/health-topics/kidney-disease/lupus-nephritis/Pages/index.aspx. Accessed July 26, 2016.
3. Maroz N, Segal MS. *Am J Med Sci*. 2013;346(4):319-23.
4. https://www.lupus.org/resources/how-lupus-affects-the-renal-kidney-system.

Abbreviations: SLE = systemic lupus erythematosus; ESRD = end stage renal disease

The Activity of Calcineurin Inhibitors (CNI) in Lupus Nephritis Involves Two Separate Mechanisms

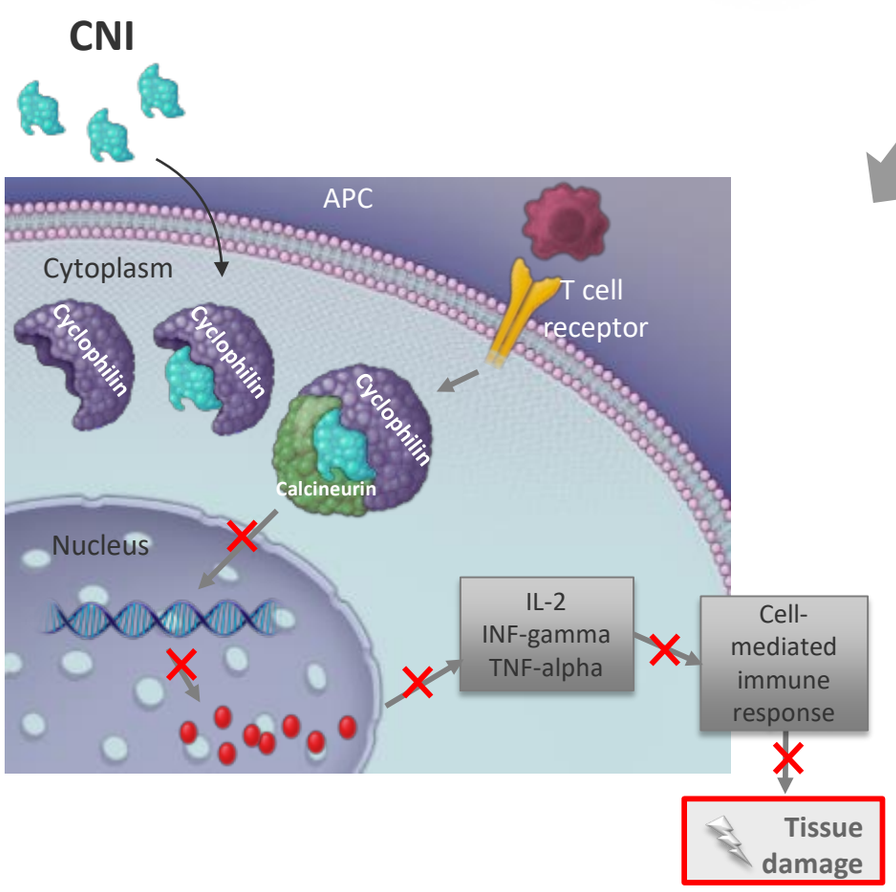
1

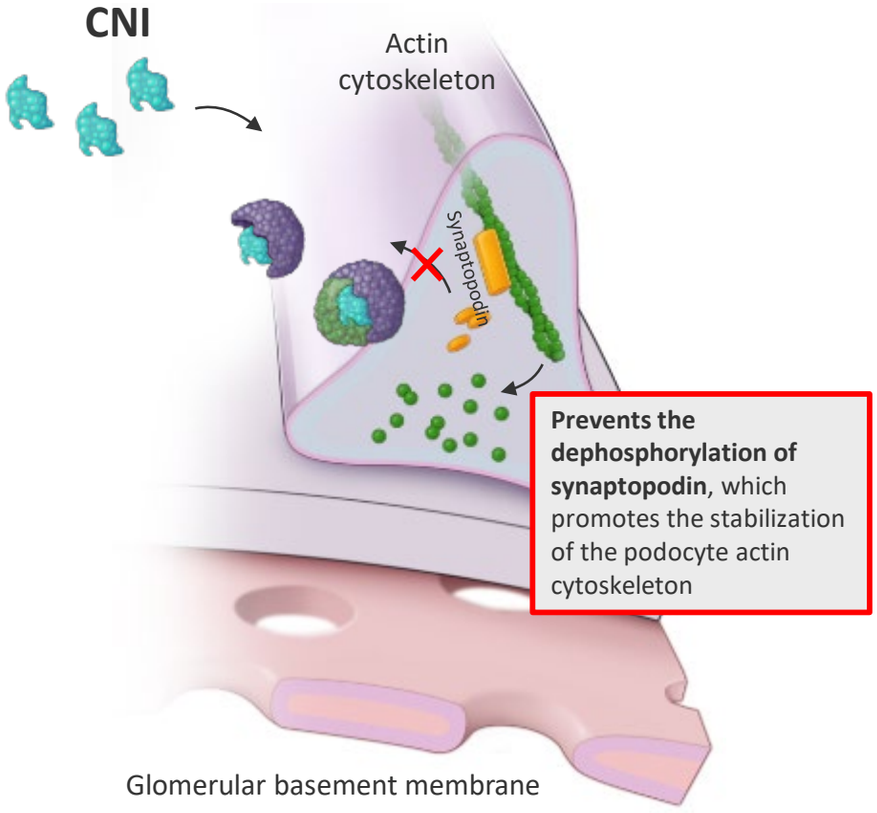
Inhibition of calcineurin reduced cytokine activation



2

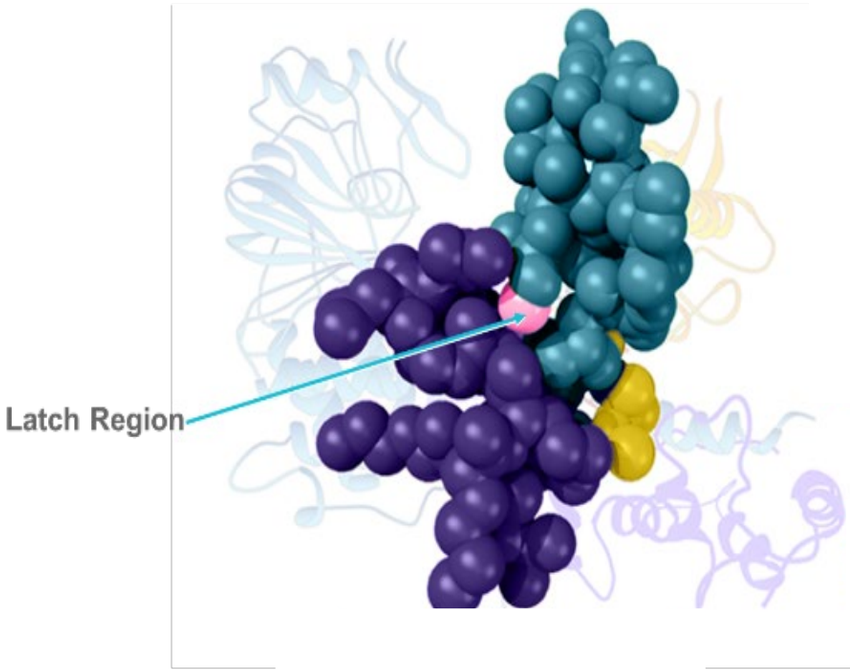
Potential disease-modifying podocyte stabilization, which protects against proteinuria





Abbreviations: LN, lupus nephritis; NFAT, nuclear factor of activated T cells; APC, antigen-presenting cell; IL, interleukin; INF, interferon; TNF, tumor necrosis factor.

Voclosporin: A Novel CNI



- **Novel CNI developed as a structural change from cyclosporine A, incorporating a single carbon extension with a double-bond**
- **Voclosporin has a consistent dose response potentially eliminating the need for therapeutic drug monitoring**
- **4x potency over cyclosporin A**

Source: Aurinia. Data on file.

Aurinia Studies Evaluating Voclosporin in Active Lupus Nephritis

Completed Trials

AURION (Proof of Concept)

- Single arm, twin center exploratory study
- Biomarkers at 8 weeks: 25% reduction in UPCR. C3/C4, anti-dsDNA normalization
- N = 7
- Primary analysis: # patients achieving biomarkers and # of these patients who go on to achieve Week 24 or Week 48 remission

AURA-LV (Phase 2 RCT)

- Phase 2
- Double blind RCT
- N = 265
- Active control
- Primary endpoint: 24 week renal response

AURORA (Phase 3 RCT)

- Phase 3
- Double blind RCT
- N = 357
- Active control
- Primary endpoint: 52 week renal response

Abbreviations: UPCR = urinary protein to creatinine ratio

The AURA-LV Phase 2 Study and the AURORA Phase 3 Study Have Similar Inclusion Criteria and Primary Endpoints

- **Bold** = change from AURA-LV

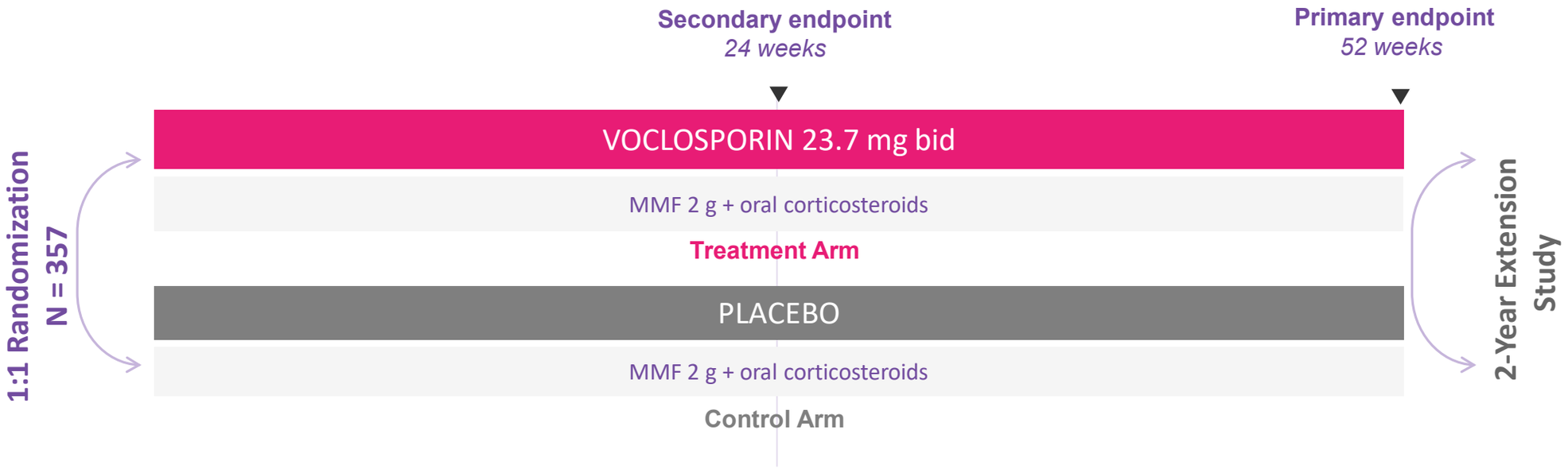
AURORA

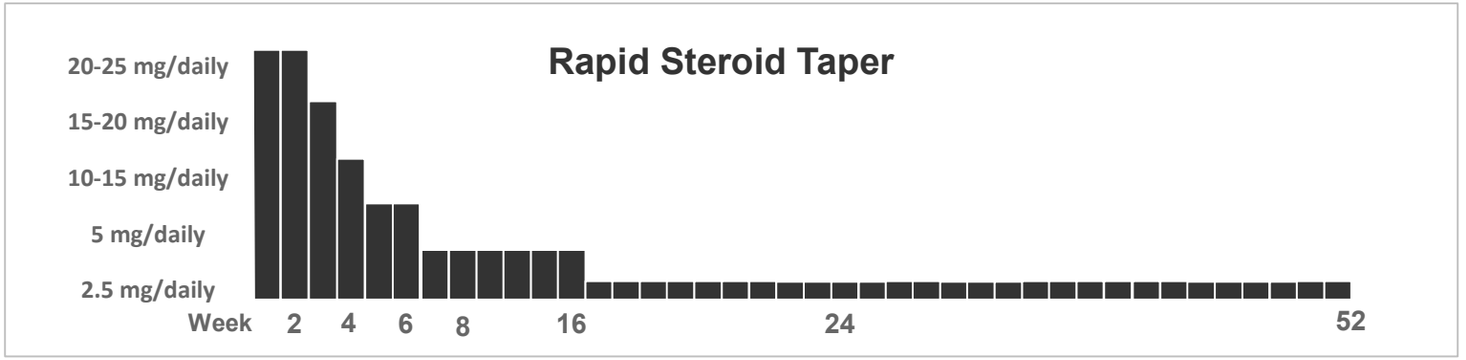
Select Inclusion Criteria	Primary Endpoint
Diagnosis of SLE according to ACR criteria	Renal Response at **Week 52** UPCR of ≤0.5 mg/mg
+	+
Kidney biopsy within 6 months of study entry confirming histologic diagnosis of LN*	eGFR ≥60 mL/min/1.73m^2 or no confirmed decrease from baseline in eGFR of ≥20%
+	+
Biopsy proven LN [Class III, IV or Class V (alone or in combination w/Class III or IV)]	Presence of sustained, low dose steroids (≤10mg prednisone from Week 44-52)
+	+
Proteinuria of ≥1.5 mg/mg OR ≥2 mg/mg**	No administration of rescue medications

* **Up to 2 years if accompanied by laboratory evidence of recent LN flare**
** Class V patients

AURORA Phase 3 Study Design

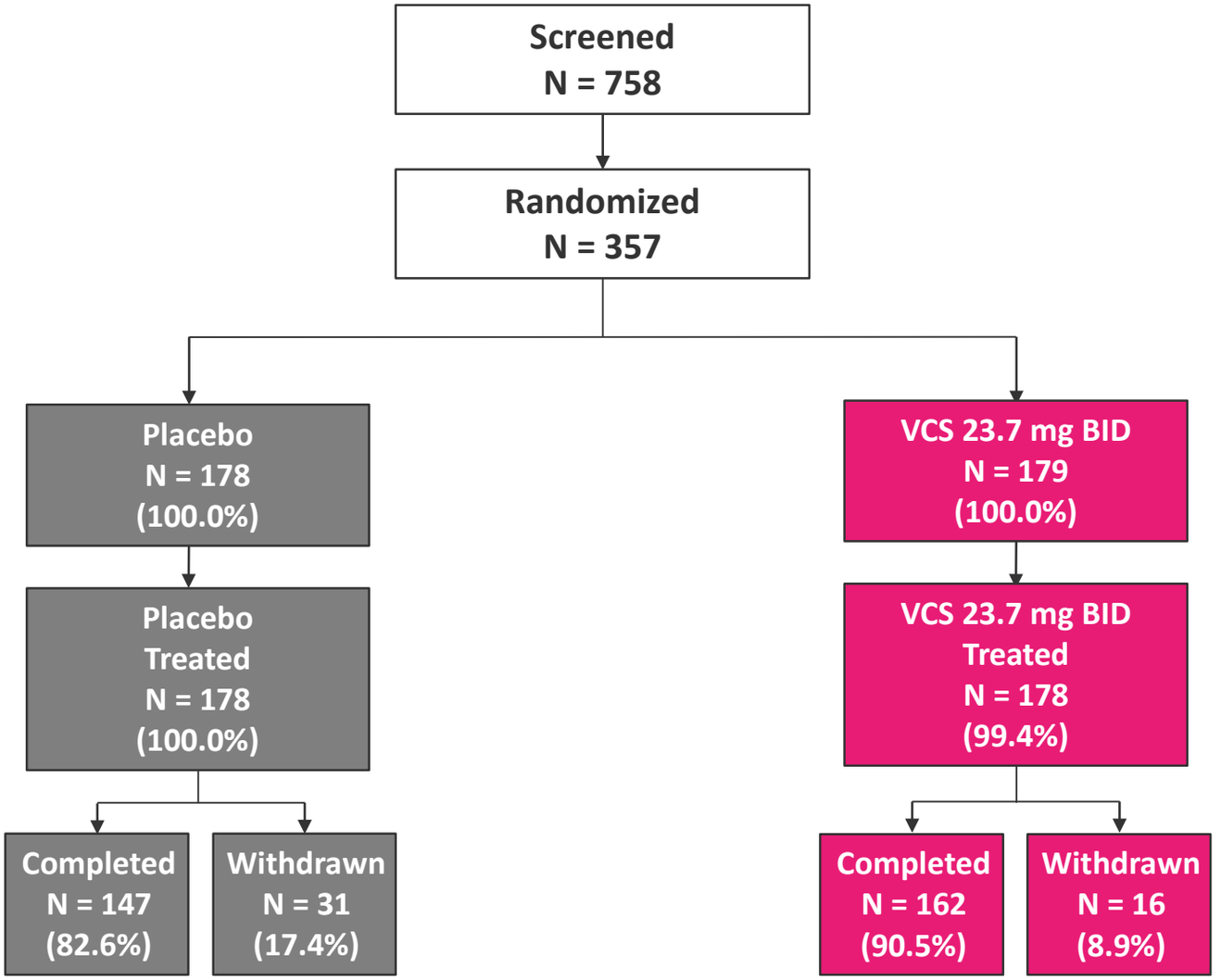
Primary endpoint: Renal Response at 52-Weeks





Abbreviations: BID = twice a day

AURORA Subject Disposition



Abbreviations: VCS = voclosporin

AURORA Select Demographics and Baseline Characteristics (ITT)

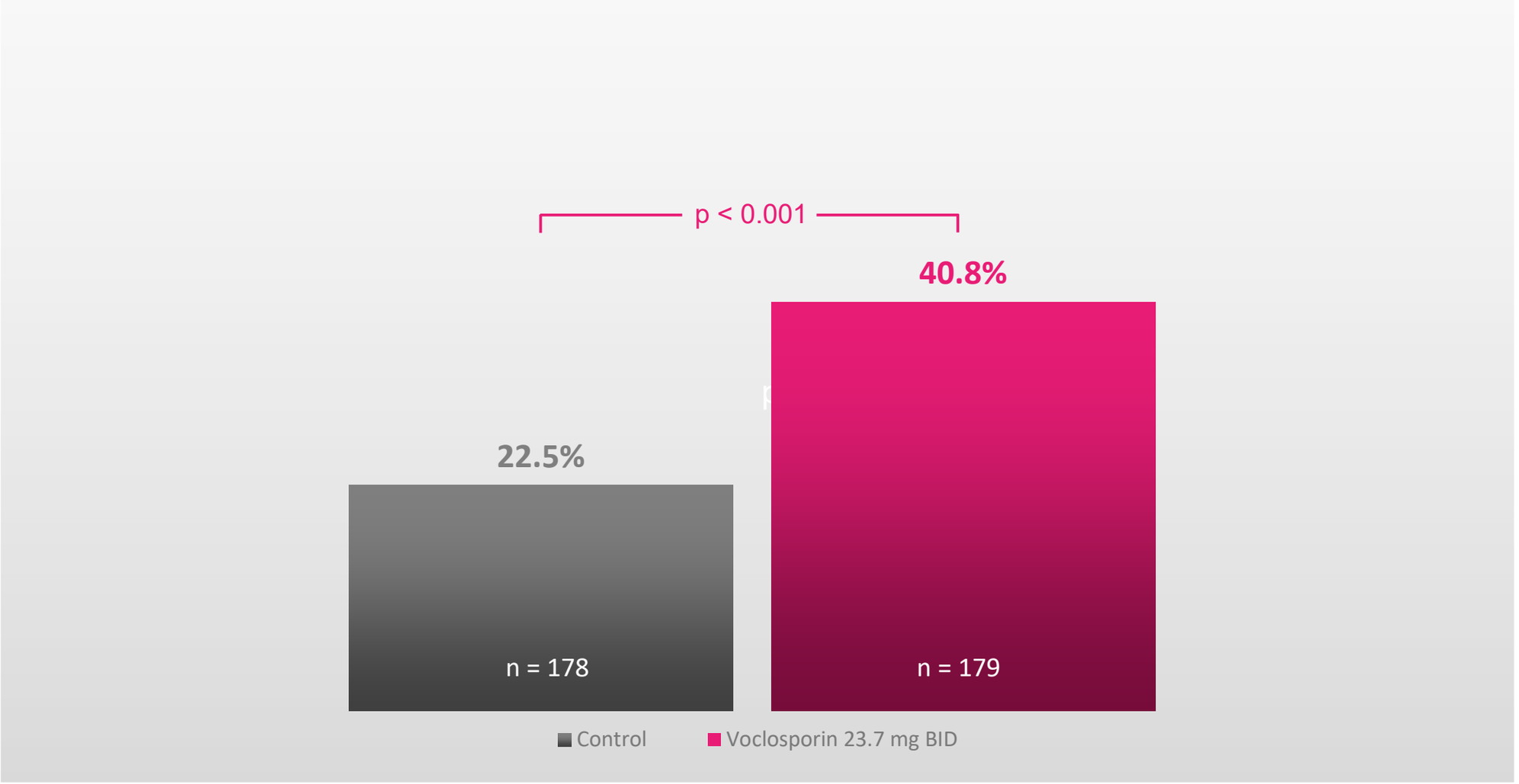
	Control (N = 178)	Voclosporin 23.7 mg BID (N = 179)	Total (N = 357)
Age (years)			
Mean (SD)	33.6 (11.0)	32.8 (10.93)	33.2 (10.96)
Median	31.5	31.0	31.0
Sex n (%)			
Male	26 (14.6)	18 (10.1)	44 (12.3)
Female	152 (85.4)	161 (89.9)	313 (87.7)
Baseline weight (kg)			
Mean (SD)	66.55 (16.113)	66.49 (17.074)	66.52 (16.578)
Median	63.50	64.60	64.10
Baseline UPCR (mg/mg)			
Mean (SD)	3.867 (2.3626)	4.138 (2.7109)	4.002 (2.5428)
Median	3.128	3.356	3.216
Regional Distribution n (%)			
Asia Pacific	52 (29.2)	52 (29.1)	104 (29.1)
Europe	51 (28.6)	46 (25.7)	97 (27.2)
North/Latin America	74 (41.6)	75 (41.9)	149 (41.7)

Abbreviations: ITT = intent to treat; SD = standard deviation

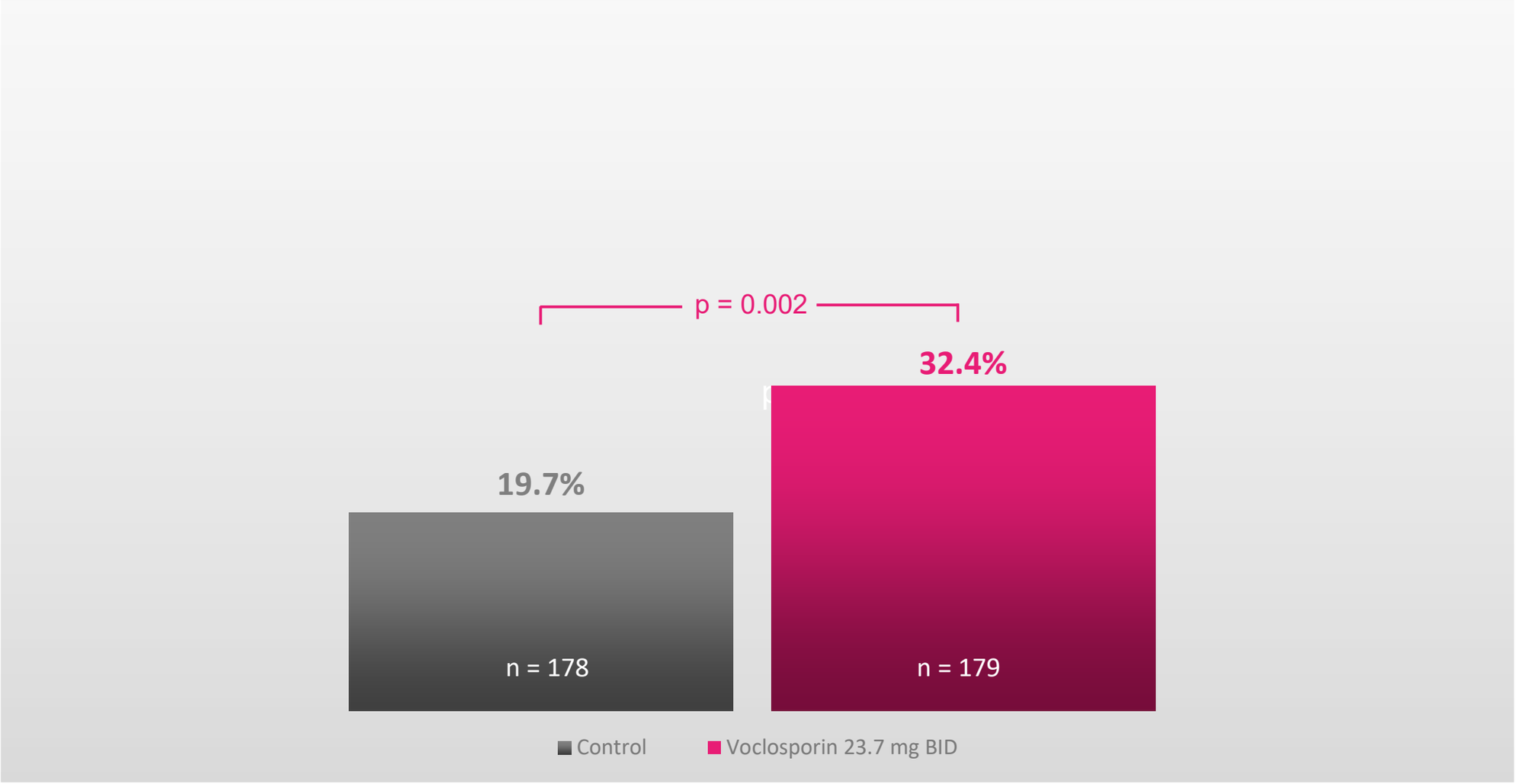
AURORA Baseline Renal Characteristics

	Control N = 178	Voclosporin 23.7 mg BID N = 179	Total N = 357
Baseline eGFR (mL/min/1.73m^2)			
n	178	178	356
Mean (SD)	90 ± 29	92 ± 31	91 ± 30
Median	97	91	94
Baseline UPCR (mg/mg)			
n	178	178	356
Mean (SD)	3.9 ± 2.4	4.1 ± 2.7	4.0 ± 2.5
Median	3.1	3.4	3.2
Biopsy Class n (%)	178	179	357
Class III or IV (+/- V)	153 (86%)	154 (86%)	307 (86%)
Class V	25 (14%)	25 (14%)	50 (14%)

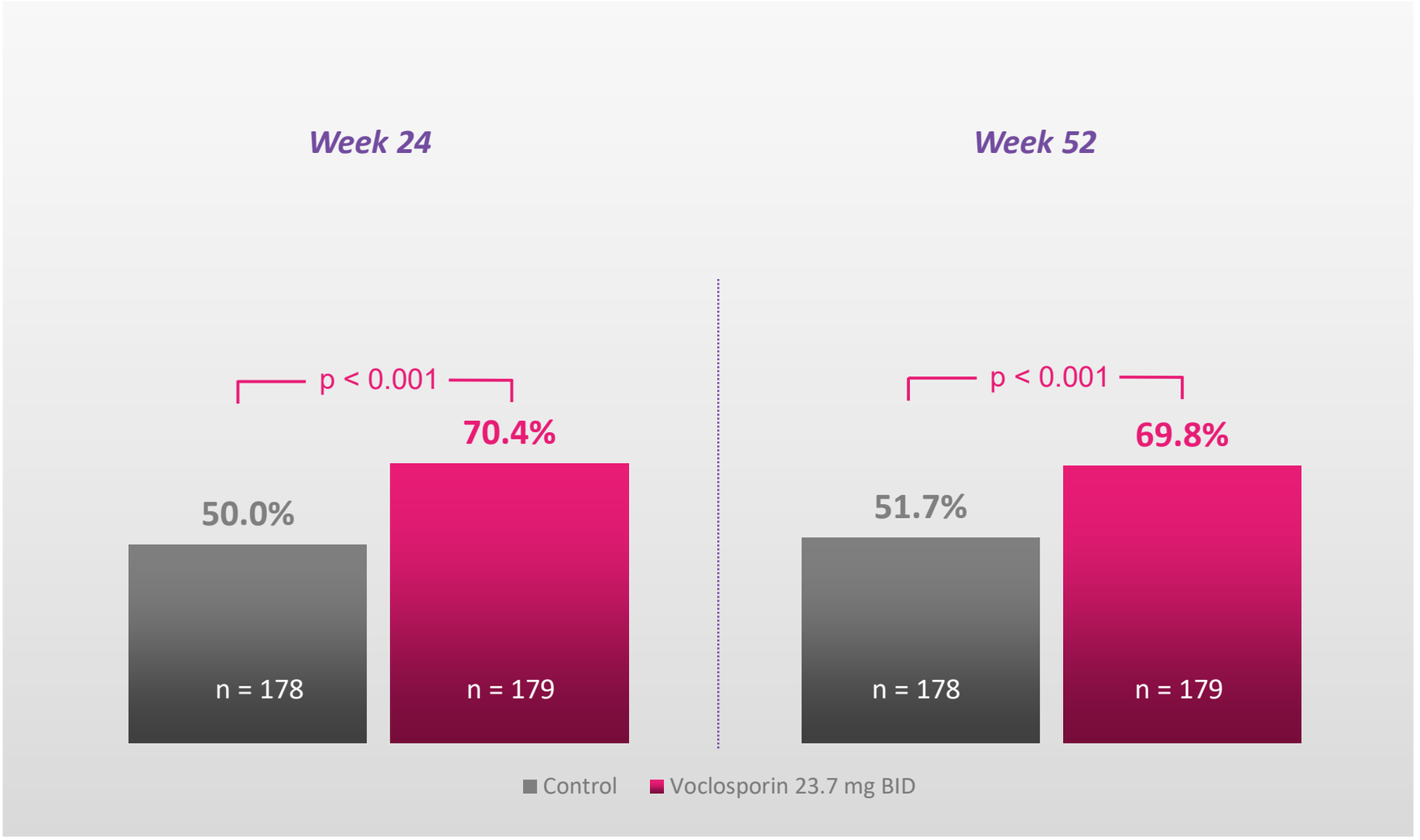
AURORA Primary Efficacy Endpoint: Week 52 Renal Response (ITT)



AURORA Secondary Endpoint: Week 24 Renal Response (ITT)

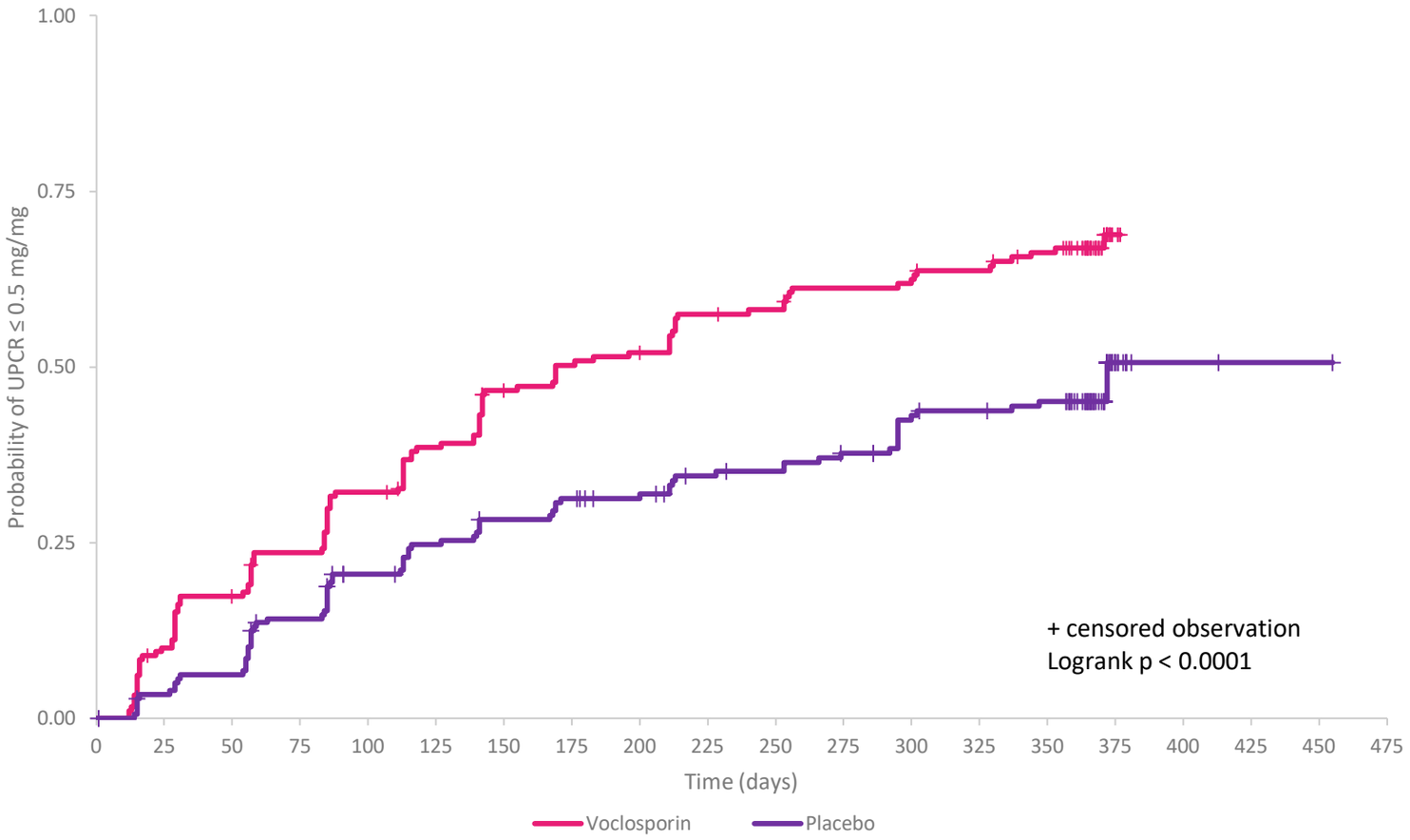


AURORA Secondary Endpoint: Partial Renal Response (ITT)



Partial renal response = UPCR reduction > = 50% from baseline

AURORA Secondary Endpoint: Time to UPCR ≤ 0.5 mg/mg

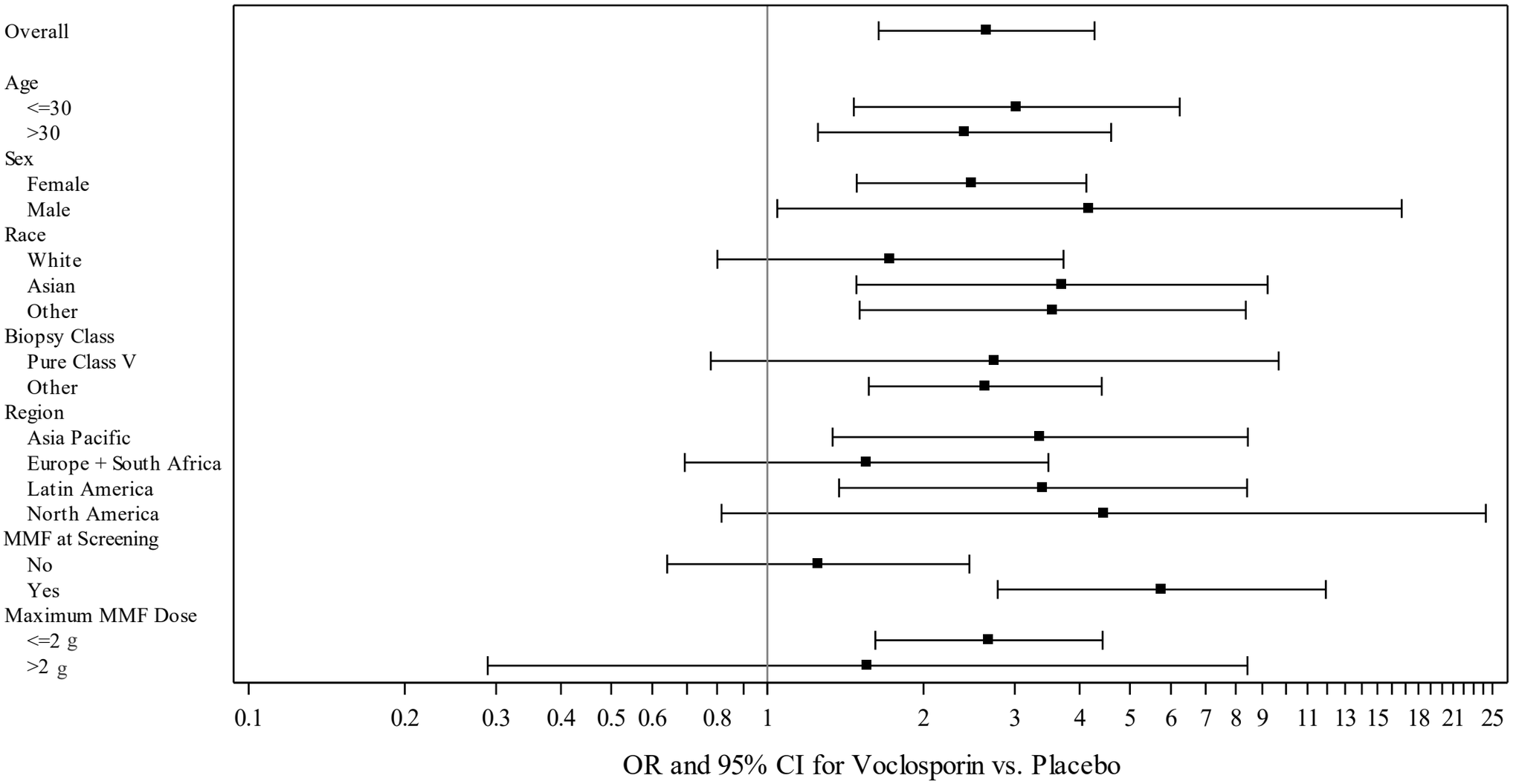


Measure	Result (Days)	p-value
Median Time (50%) to UPCR ≤ 0.5 mg/mg	Voclosporin:169 Control: 372	< 0.001
Median Time (25%) to UPCR ≤ 0.5 mg/mg	Voclosporin: 84 Control: 127	< 0.001

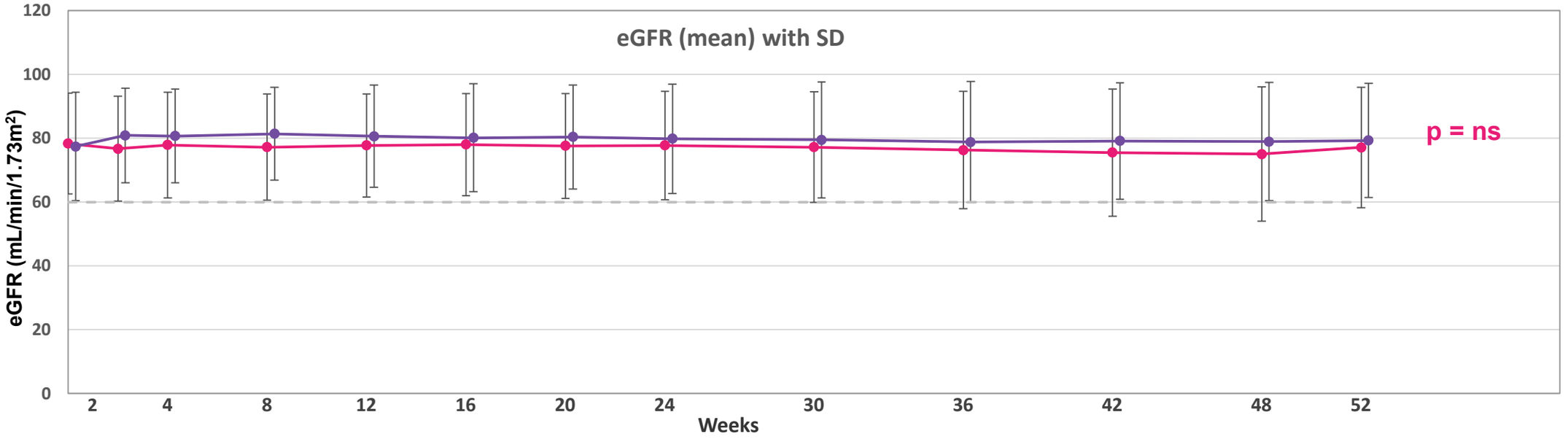
AURORA Hierarchical Secondary Endpoints (ITT)

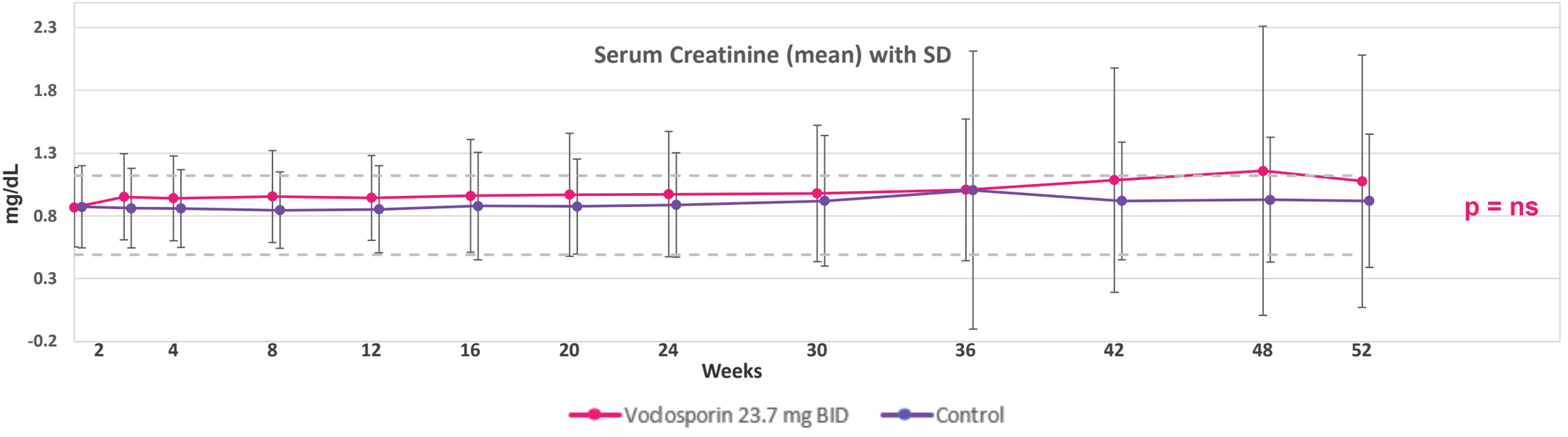
Measure	Result	Odds Ratio [95% CI]	p-value
Renal Response at 24 weeks	Voclosporin 32.4% Control 19.7%	2.23 [1.34, 3.72]	0.002
Partial Renal Response at 24 weeks	Voclosporin 70.4% Control 50.0%	2.43 [1.56, 3.79]	< 0.001
Partial Renal Response at 52 weeks	Voclosporin 69.8% Control 51.7%	2.26 [1.45, 3.51]	< 0.001
Time to UPCR ≤ 0.5 mg/mg	Voclosporin faster than Control	2.02 [1.51, 2.70] Hazard Ratio	< 0.001
Time to 50% reduction in UPCR	Voclosporin faster than Control	2.05 [1.62, 2.60] Hazard Ratio	< 0.001

AURORA Efficacy Benefit Seen Across Prespecified Subgroups

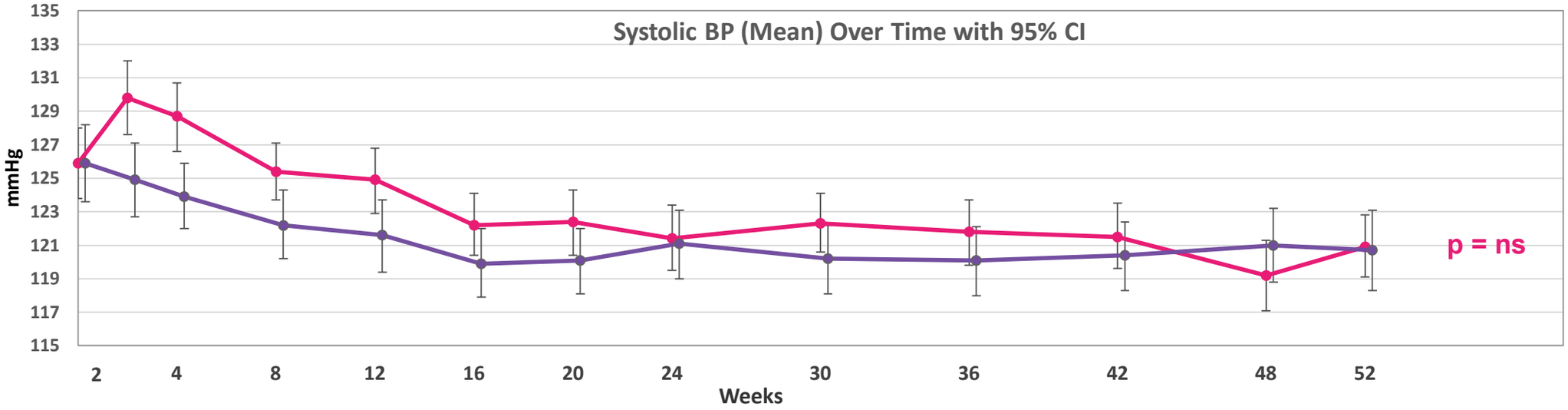


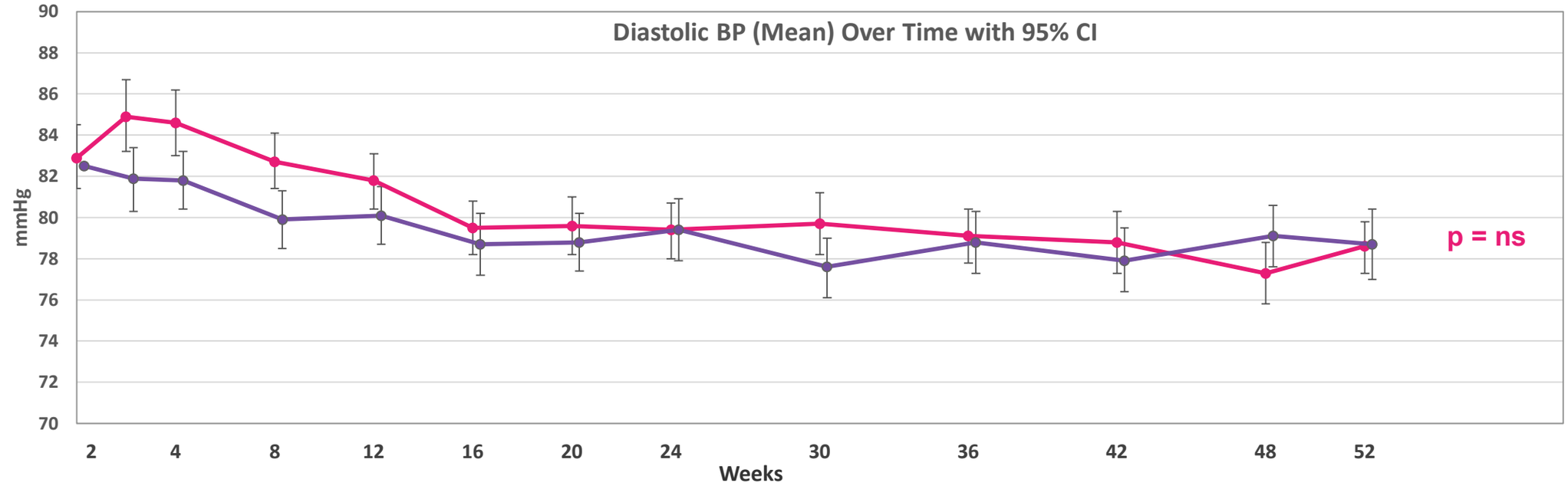
AURORA Corrected eGFR and Serum Creatinine Over Time





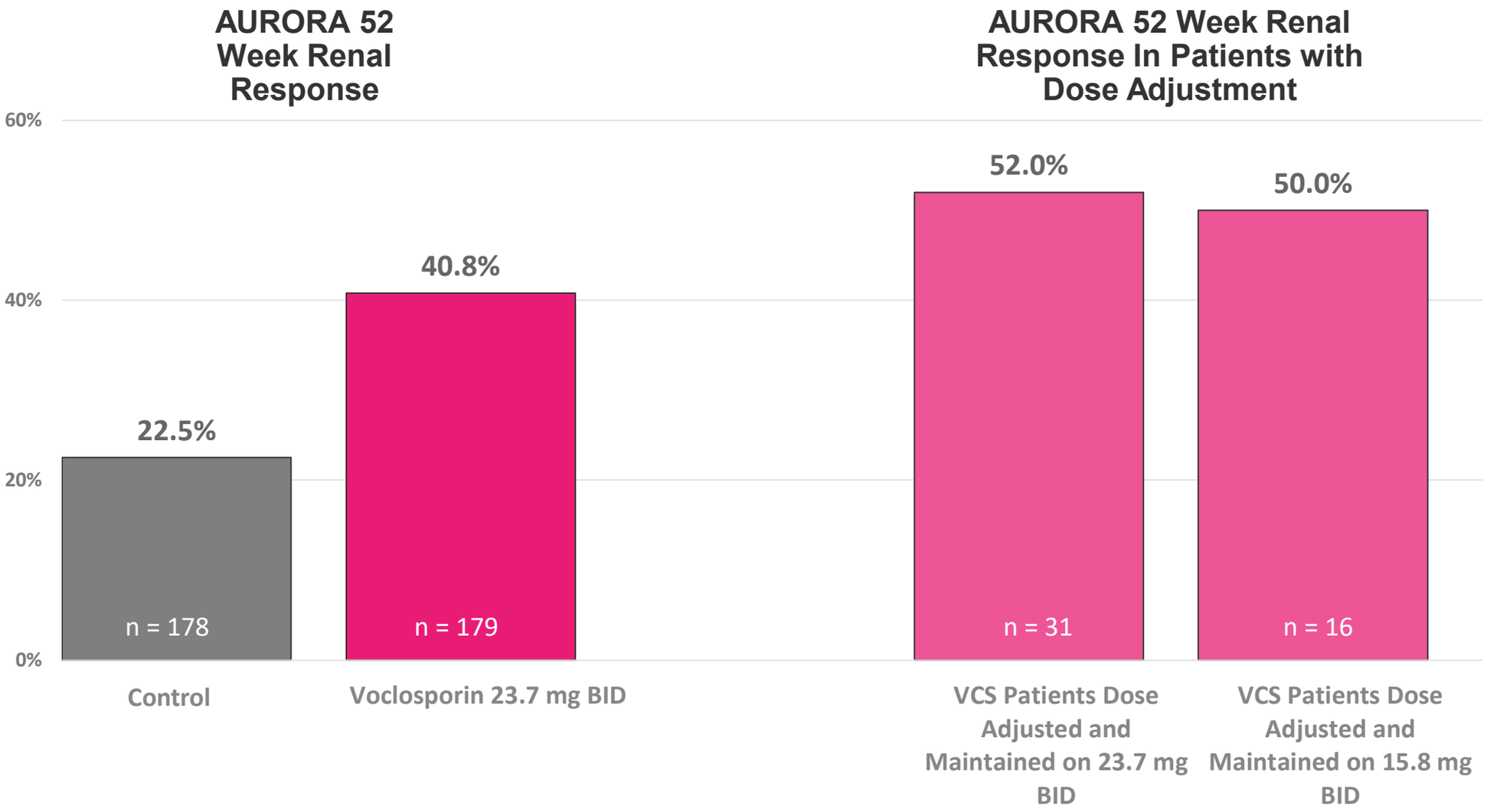
AURORA: No Statistical Difference in Systolic BP or Diastolic BP





AURORA Subjects Requiring Dose Adjustments

Dose adjustments (interruption, reduction and re-escalation) were implemented according to eGFR reduction protocol after excluding potential contributing factors.



AURORA Overall Summary of Adverse Events

	Control (N = 178) N (%)	Voclosporin 23.7 mg BID (N = 178) N (%)
Any Adverse Event (AE)	158 (88.8)	162 (91.0)
Any Serious Adverse Event (SAE)	38 (21.3)	37 (20.8)
- Serious infection	20 (11.2)	18 (10.1)
Any treatment-related SAE	8 (4.5)	8 (4.5)
Any AE leading to voclosporin/placebo discontinuation	26 (14.6)	20 (11.2)
Death*	5 (2.8)	1 (0.6)
Treatment-related AE leading to death	0	0
Disease-related AE	87 (48.9)	96 (53.9)
Disease-related SAE	16 (9.0)	18 (10.1)

* *2 deaths in control group and 1 death in voclosporin group occurred as a result of AEs starting >30 days after discontinuation of study drug.*

AURORA Study Conclusions

- The positive benefit-risk profile observed in AURORA (n=357) confirms the treatment effect seen in AURA-LV (n=265) when comparing voclosporin 23.7mg BID in combination with background standard of care versus standard of care alone.

- The odds of achieving Renal Response on voclosporin therapy were 2.65x greater than control, while maintaining a comparable safety profile.