Aurinia™

2024 Corporate Presentation

Updated on February 15, 2024

January 8, 2024

Cautionary statement regarding forward-looking information

Certain statements made in this slide presentation may constitute forward-looking information within the meaning of applicable Canadian securities law and forward-looking statements within the meaning of applicable United States securities law. These forward-looking statements or information include but are not limited to statements or information with respect to: Aurinia's 2024 forecast of $200m-$220m net product revenue; the estimated patient population for lupus nephritis; the results of Aurinia's clinical trials; Aurinia's commercialization strategy; timing for receipt of milestone payments from Otsuka; and Aurinia's targeted positive cash flow for the second half of 2024. It is possible that such results or conclusions may change based on further analyses of these data. Words such as "anticipate," "will," "believe," "estimate," "expect," "intend," "target," "plan," "goals," "objectives," "may" and other similar words and expressions, identify forward-looking statements.

We have made numerous assumptions about the forward-looking statements and information contained herein, including among other things, assumptions about the patient population for LN; the number of patients on LUPKYNIS therapy; the adherence to and persistency of treatment of LN patients; the average dosing per patient; the average annualized net revenue per patient; that another company will not create a substantial competitive product for Aurinia's LN business without violating Aurinia's intellectual property rights; the size of the LN market; the accuracy of results from our clinical trials; the accuracy of reported data from third party studies and reports; our ability to conduct preclinical studies on anticipated timelines; that Aurinia's intellectual property rights are valid and do not infringe the intellectual property rights of other parties; that regulatory bodies will not unduly delay or condition jurisdictional, pricing or reimbursement approvals; and that our suppliers and contractors will meet their contracted requirements. Even though the management of Aurinia believes that the assumptions made, and the expectations represented by such statements or information are reasonable, there can be no assurance that the forward-looking information will prove to be accurate.

Forward-looking information by their nature are based on assumptions and involve known and unknown risks, uncertainties and other factors which may cause the actual results, performance or achievements of Aurinia to be materially different from any future results, performance or achievements expressed or implied by such forward-looking information. Should one or more of these risks and uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those described in forward-looking statements or information. Such risks, uncertainties and other factors include, among others, the following: difficulties we may experience in completing the commercialization of LUKYNIS; the market and patient population for the LN business may not be as estimated; Aurinia may have to pay unanticipated expenses; Aurinia not being able to extend or fully protect its patent portfolio for LUPKYNIS; competitors may arise with similar products; Aurinia may not be able to obtain sufficient supply to meet commercial demand for LUPKYNIS in a timely fashion; unknown impact and difficulties imposed by widespread health concerns, on our business operations including clinical, regulatory and commercial activities; the results from our clinical studies and from third party studies and reports may not be accurate; and our assets or business activities may be subject to disputes that may result in litigation or other legal claims. Although we have attempted to identify factors that would cause actual actions, events or results to differ materially from those described in forward-looking statements and information, there may be other factors that cause actual results, performances, achievements or events to not be as anticipated, estimated or intended. Also, many of the factors are beyond our control. There can be no assurance that forward-looking statements or information will prove to be accurate, as actual results and future events could differ materially from those anticipated in such statements. Accordingly, you should not place undue reliance on forward-looking statements or information. Except as required by law, Aurinia will not update forward-looking information.

All forward-looking information contained in this presentation is qualified by this cautionary statement. Additional information related to Aurinia, including a detailed list of the risks and uncertainties affecting Aurinia and its business, can be found in Aurinia's most recent Annual Report on Form 10-K available by accessing the Canadian Securities Administrators' System for Electronic Document Analysis and Retrieval (SEDAR) website at www.sedarplus.ca or the U.S. Securities and Exchange Commission's Electronic Document Gathering and Retrieval System (EDGAR) website at www.sec.gov/edgar.

Aurinia

Our Mission

Transform lives by changing the trajectory of autoimmune disease

- **Founded in 2013 with Corporate HQ in Edmonton, Alberta and U.S. commercial hub in Rockville, Maryland**
- **Launched LUPKYNIS® - first FDA approved oral therapy for patients with active lupus nephritis in January 2021**
- **2023 LUPKYNIS® net product revenue of $159 million[1]**
  2023 total net revenue of $176 million[1]
- **2024 net product revenue guidance of $200 - $220 million[1]**
- **Partnered with Otsuka in EU, UK and Japan**
- **Strong financial position with ~$351mm of cash and investments, no debt obligations[1]**

[1] Aurinia 2023 Year-End Financial and Operational Results, as reported on February 15, 2024

Transforming the Treatment of Lupus Nephritis (LN)

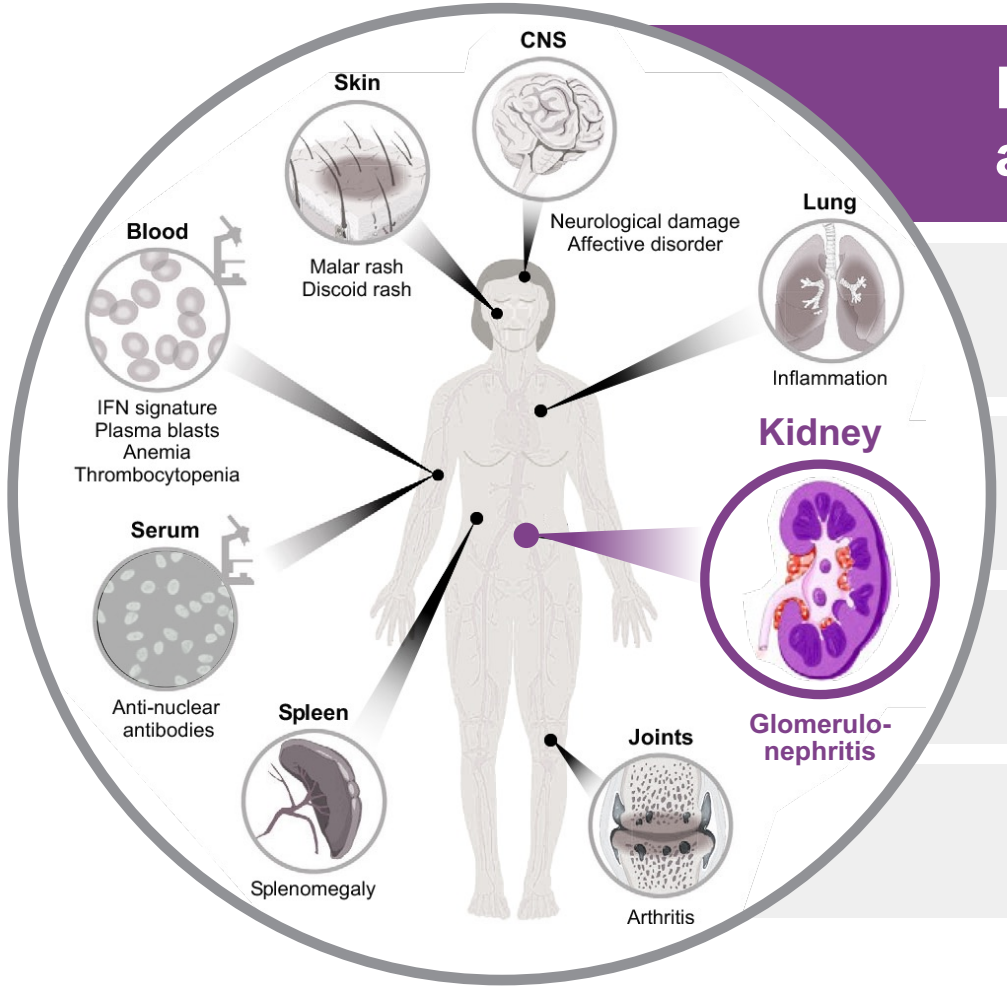
- Significant, persistent unmet need in LN with suboptimal patient outcomes using existing treatments
- LN has a large and significant total addressable market with a substantial underserved and underdiagnosed patient population; creating a highly compelling market development opportunity
- LUPKYNIS® represents a new standard of care for LN, bringing rapid and durable responses with differentiated efficacy, safety and tolerability vs. current SOC
- LUPKYNIS® has the potential to clinically address the clinical unmet need in LN
- Near-term line of sight to profitability with the opportunity to accelerate commercialization by improving screening, diagnosis, and treatment rates
- Robust patent portfolio covering unique chemical entity and novel dosing paradigm up to 2037

Lupkynis® (voclosporin) capsules 7.9 mg

indicated in combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis (LN)

Limitations of use: Safety and efficacy of LUPKYNIS have not been established in combination with cyclophosphamide. Use of LUPKYNIS is not recommended in this situation.

SLE Has Manifestations Across Multiple Organ Systems: Lupus Nephritis is Amongst the Most Severe and Dangerous Complications of SLE[1]



LN Affects Up to 120k People in the U.S., with an Underdiagnosed & Underserved Population[2]

- LN occurs when the immune system attacks the kidneys[3]
- SLE / LN disproportionately affects women and people of color[4]
- Measuring proteinuria is critical for monitoring disease activity and response to therapy[5]
- Inflammation leads to blood and protein in the urine, impaired kidney function and even kidney failure[3]

1. LFA National Resource Center on Lupus. What is Lupus Nephritis? https://www.lupus.org/resources/what-is-Lupus Nephritis#:~:text=Lupus%20nephritis%20is%20one%20of,and%20possibly%20to%20organ%20damage;
2. *Arthritis Rheum* 2008 Jan;58(1):15-25. doi: 10.1002/art.23177. Estimates of the prevalence of arthritis and other rheumatic conditions in the United States. Part 1; 3. Crampton, Steve P. et al. "Skin Malar rash Discoid rash CNS Spleen Splenomegaly Kidney Serum Glomerulonephritis Anti-nuclear antibodies Blood IFN signature Plasma blasts Anemia Thrombocytopenia Neurological damage Affective disorder Lung Inflammation Joints Arthritis." (2014);
4. CDC.gov/lupus/facts/detailed.html accessed 12.30.2022; 5. Tamirou F, D'Cruz D, Sangle S, et al; MAINTAIN Nephritis Trial Group. Long-term follow-up of the MAINTAIN Nephritis Trial, comparing azathioprine and mycophenolate mofetil as maintenance therapy of Lupus Nephritis. *Ann Rheum Dis*. 2016; 75(3):526-531. doi:10.1136/annrheumdis-2014-206897.

LN is Associated with Significantly Elevated Risk of Kidney Failure, Cardiac Events, and Death

Clinical Burden *Compared to Non-renal SLE*		**Economic Burden** *Compared to Non-renal SLE*	
LN accelerates nephron loss[1] 	**~45x** higher risk of kidney failure[2] **~10% to 30%** of patients with LN experience kidney failure within 15 years[3,4]		**~2x** higher hospitalization rate[6]
	~8x risk of myocardial infarction[5] **~5x** risk of cardiovascular mortality[5]		**~2x** longer hospital stays[6]
	~3x risk of premature death[2]		**~5x** greater annual costs if kidney failure develops[3]

1. Anders, H. J., & Rovin, B. (2016). A pathophysiology-based approach to the diagnosis and treatment of lupus nephritis. Kidney international, 90(3), 493-501. 2. Hanly JG, O'Keeffe AG, Su L, et al. The frequency and outcome of lupus nephritis: results from an international inception cohort study. Rheumatology (Oxford). 2015;55(2):252-262. doi:10.1093/rheumatology/kev311; 3. Li T, Carls GS, Panopalis P, Wang S, Gibson TB, Goetzel RZ. Long-term medical costs and resource utilization in systemic lupus erythematosus and lupus nephritis: a five-year analysis of a large medicaid population. Arthritis Rheum. 2009;61(6):755-763. doi:10.1002/art.24545; 4 Almaani S, Meara A, Rovin BH. Update on Lupus Nephritis. Clin J Am Soc Nephrol. 2017;12(5):825-835. doi:10.2215/CJN.05780616; 5. Hermansen ML, Lindhardsen J, Torp-Pedersen C, Faurschou M, Jacobsen S. The risk of cardiovascular morbidity and cardiovascular mortality in systemic lupus erythematosus and lupus nephritis: a Danish nationwide population-based cohort study. Rheumatology (Oxford). 2017;56(5):709-715. doi:10.1093/rheumatology/kew475 2. 6. Belendiuk K et al. Lupus Nephritis Is Associated with Increased Rates of Hospitalization for Adverse Events on a Glucocorticoid Toxicity Index and in-Hospital Mortality Compared with Non-Renal Lupus and Matched Controls: An Analysis of Insurance Claims Data; Ann Rheum Dis. 2017;76:593-594;

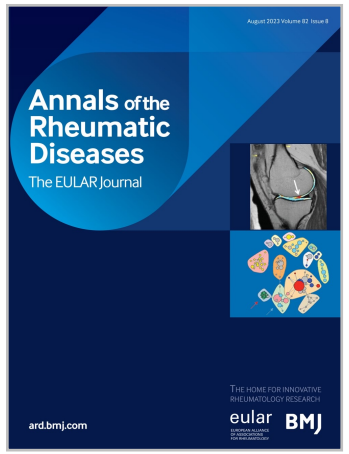
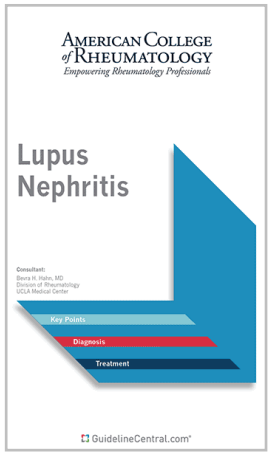
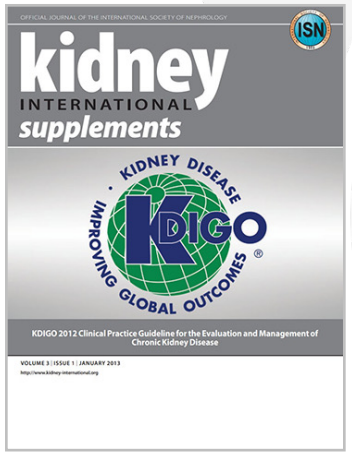
Guidelines from Key Societies Have Been Developed to Educate the Practicing Clinician in the Diagnosis, Treatment and Management of LN

Active Screening

Routine Monitoring

Treat to Target
eGFR / Proteinuria Surrogate Target

Pharmacological Treatment

EULAR	ACR	ISN
		
Updated May 2023	Update In-progress	Updated December 2023

ACR=American College of Rheumatology; EULAR=European League Against Rheumatism. Kidney Disease: Improving Global Outcomes (KDIGO)Lupus Nephritis Work Group. 1. Reference: EULAR Guidelines Fanouriakis A, Kostopoulou M, Andersen J, et al EULAR recommendations for the management of systemic lupus erythematosus: 2023 update Annals of the Rheumatic Diseases Published Online First: 12 October 2023. doi: 10.1136/ard-2023-224762 2. Reference: Hahn BH, American College of Rheumatology guidelines for screening, treatment, and management of lupus nephritis. Arthritis Care Res (Hoboken). 2012 Jun;64(6):797-808. doi: 10.1002/acr.21664.. 3. Reference: KDIGO 2024 Clinical Practice Guideline for the Management of Lupus Nephritis.KidneyInt.2024;105(1S): S1–S69.. 3 EULAR reference: Fanouriakis A, et al. Ann Rheum Dis. 2020;79(6):713-723.

Guidelines Support Decreasing Proteinuria to Reduce Kidney Damage

Goal of therapy is preservation or improvement of kidney function, accompanied by a reduction in proteinuria

The guidelines recommend that urinalysis should be included in each visit following LN diagnosis

Target Proteinuria Decrease of:

At least **25%** UPr reduction by 3 months

At least **50%** UPr reduction by 6 months to < 3 gr/day

UPr target below **0.5** to **0.7** by 12 months to 24 months

EULAR guidelines recommend more rigorous targets for treatment goals than earlier published guidelines. These guidelines also emphasize reducing cumulative glucocorticoid dose to reduce the risk of end-organ damage. [1]

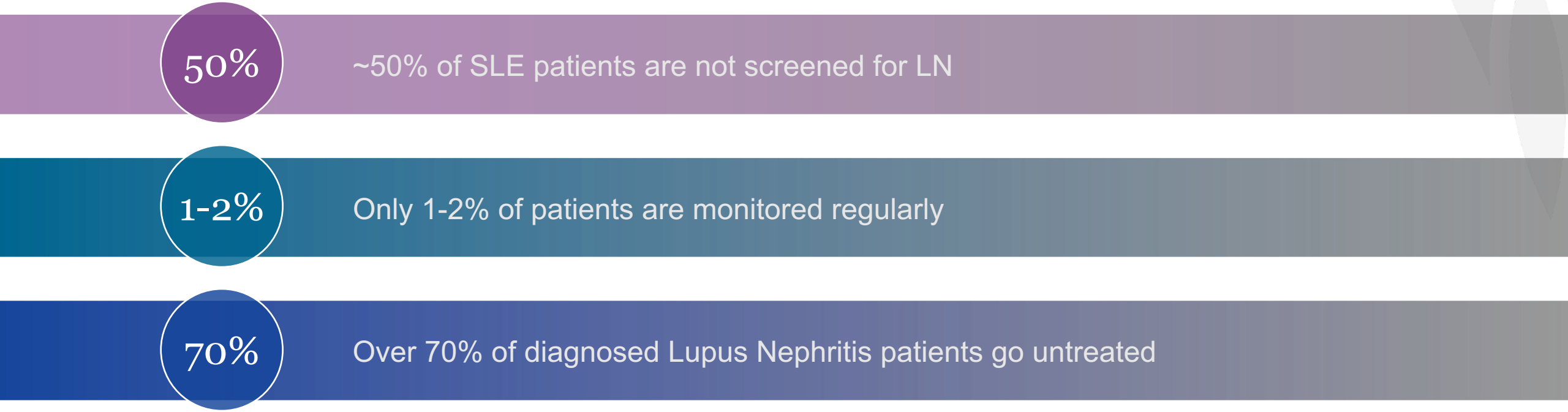
ACR 2012 response is determined by physician's own judgement and clinical impression.[2]

KDIGO guidelines offer similar recommendations for proteinuria and steroid reductions.[3]

ACR=American College of Rheumatology; EULAR=European League Against Rheumatism. Kidney Disease: Improving Global Outcomes (KDIGO)Lupus Nephritis Work Group. 1. Reference: EULAR Guidelines Fanouriakis A, Kostopoulou M, Andersen J, et al EULAR recommendations for the management of systemic lupus erythematosus: 2023 update Annals of the Rheumatic Diseases Published Online First: 12 October 2023. doi: 10.1136/ard-2023-224762 2. Reference: Hahn BH, American College of Rheumatology guidelines for screening, treatment, and management of lupus nephritis. Arthritis Care Res (Hoboken). 2012 Jun;64(6):797-808. doi: 10.1002/acr.21664.. 3. Reference: KDIGO 2024 Clinical Practice Guideline for the Management of Lupus Nephritis.KidneyInt.2024;105(1S): S1–S69.. 3 EULAR reference: Fanouriakis A, et al. Ann Rheum Dis. 2020;79(6):713-723.

Significant Lupus Nephritis Insights Revealed from Managed Care Health Records Study

Optum Electronic Health Record Study from 2015-2019 of 150,097 Patients Diagnosed with SLE (100M Records)[1]

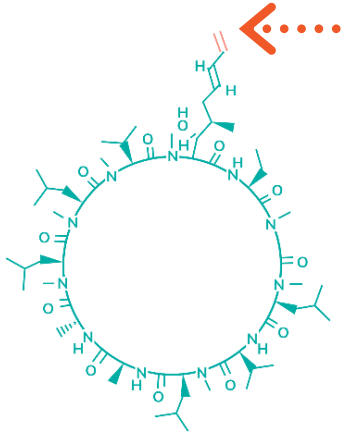


1. Optum de-identified Electronic Health Record Sourced Data; 2015–2019 and identified 150,097 patients diagnosed with SLE with no history in the prior 5 years. www.optum.com/lifesciences OPTUM HEALTH-Patient journey as a foundation for insight: a lupus nephritis case study 2020

LUPKYNIS® Has a Novel Structural Modification Allowing for Durable Treatment of LN

Unique Dual MOA

Novel Structural Modification



Amino Acid Modification[1]

1. Modification in chemical structure alters how voclosporin binds to calcineurin[2]
2. Results in a predictable pharmacokinetic profile; eliminating the need for therapeutic drug monitoring[3]
3. Increased potency[1] does not affect lipid and glucose metabolic profile[3]

Targeted Dual MOA

Immunosuppression

Acts as an immunosuppressant through inhibition of T-cell activation and cytokine production[3]

Podocyte Stability

Promotes podocyte stability, reducing proteinuria[3]

Mechanism of voclosporin suppression of calcineurin has not been fully established; 1. van Gelder T, et al. *Expert Rev Clin Pharmacol*. 2022;15(5):515-529; 2. Kuglstatter A, Mueller F, Kusznir E, et al. Structural basis for the cyclophilin A binding affinity and immunosuppressive potency of E-ISA247 (voclosporin). *Acta Crystallogr D Biol Crystallogr*. 2011;67(pt 2):119-123. doi:10.1107/S090744910051905; 3. Busque S, Cantarovich M, Mulgaonkar S, et al. The PROMISE study: a phase 2b multicenter study of voclosporin (ISA247) versus tacrolimus in de novo kidney transplantation. *Am J Transplant* 2011; 11: 2675–84.

Robust Clinical Development Program: Positions LUPKYNIS® as the New Standard of Care for the Treatment of LN – Unrivalled Efficacy

Registrational Studies

AURION ✓

Proof-of-concept study monitoring 24- and 48-week remission in adult LN patients

AURA ✓

Tested LUPKYNIS® impact on speed of remission and ORR in LN when used in combination with SoC

AURORA ✓

Ph 3 trial evaluating LUPKYNIS® in LN in combination with SoC

Confirmatory registrational study leading to approval in 2021

AURORA-Ext ✓

Long-term extension study of LUPKYNIS® in LN used as a combination with SoC

Included biopsy sub-study

Registry / Real World Evidence

Enlight-LN REGISTRY ENLIGHT-LN Registry

Observational registry of LN patients who have initiated treatment with LUPKYNIS® in the US (readout Jul 2027)

Post-marketing Studies

Lactation Study ✓

Study investigating the amount of LUPKYNIS® excreted in breast milk following a single oral dose of 23.7 mg

VOCAL VOCAL

Study of LUPKYNIS® in adolescents ages 12–18 with LN (expected readout 2027)

PEDS 02

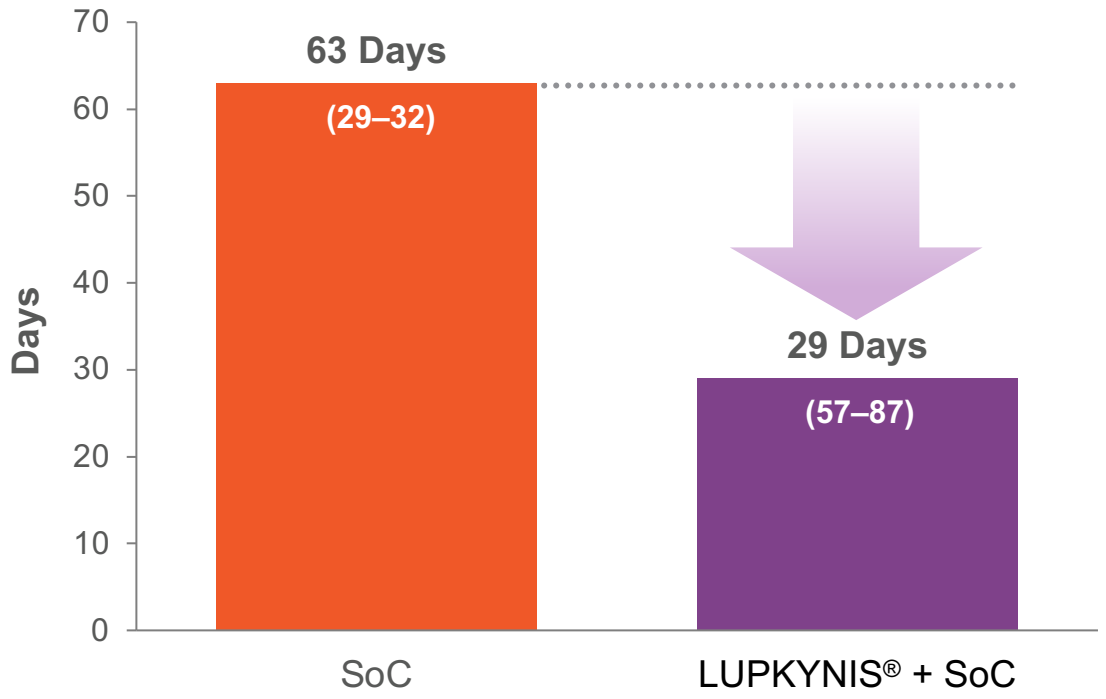
Prospective 52-week open-label efficacy and safety study in LN patients 5–17 years of age (final protocol submission by September 2026)

LN: Lupus Nephritis.

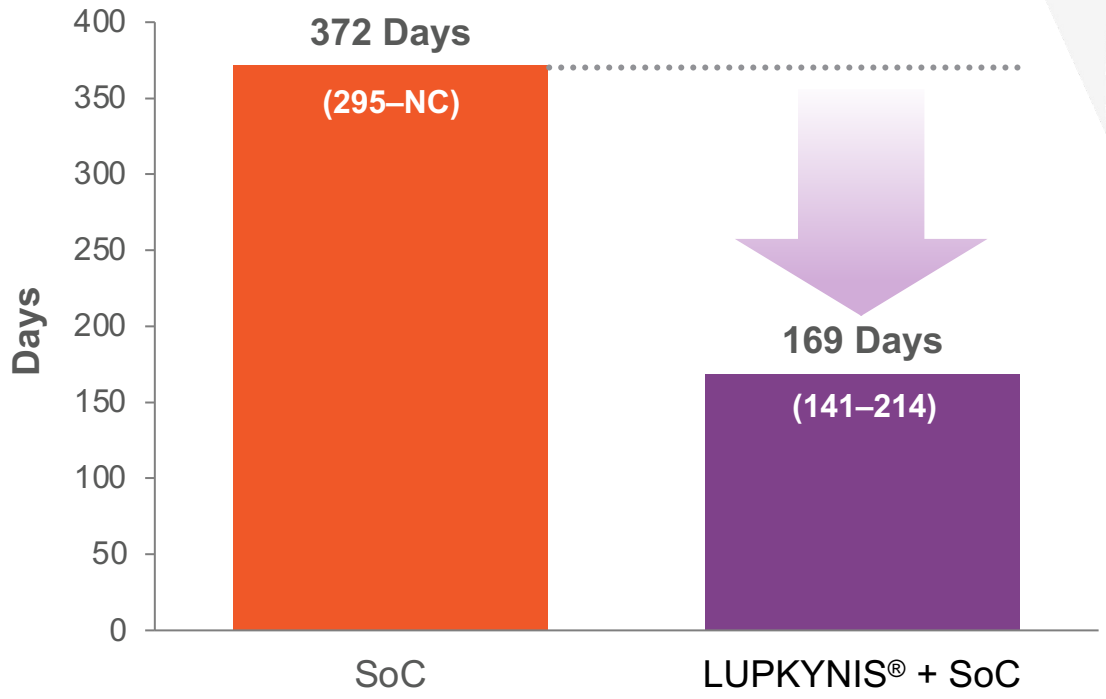
AURORA Trial: LUPKYNIS® Reduces Proteinuria 2x Faster than SoC Alone

Secondary Endpoint of AURORA Trial

50% UPCR Reduction in <1 month[1]
(HR: 2.1; 95% CI: 1.6–2.6)



UPCR ≤0.5 mg/mg in <6 Months[1]
(HR: 2.0; 95% CI: 1.5–2.7)



Notes: Meaningful proteinuria reductions were maintained over 3 years[B] ; According to the Prescribing information, the safety and efficacy of LUPKYNIS® have not been established beyond 12 months[2]

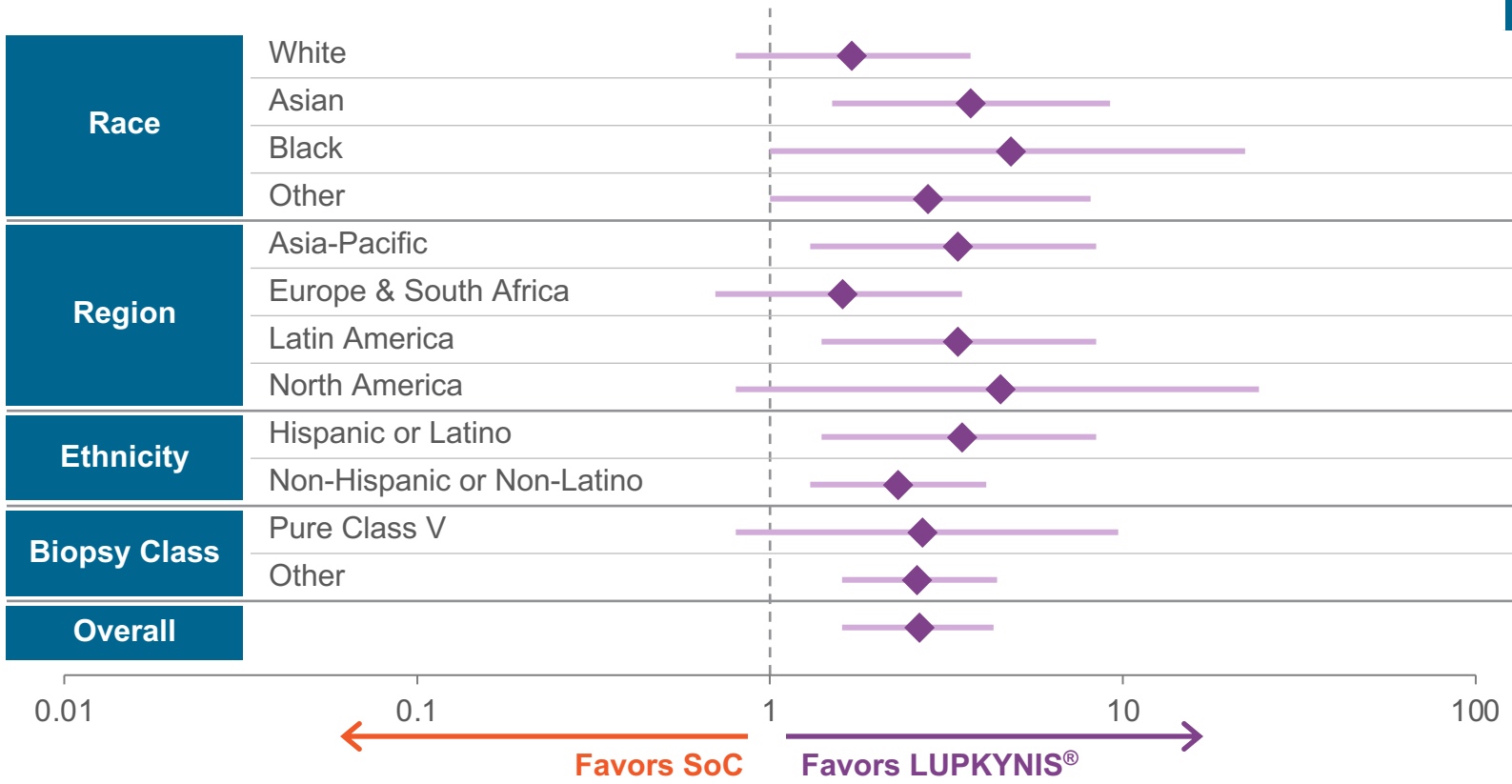
A Primary endpoint of complete renal response was assessed at week 52. All patients were followed for up to 4 weeks after the last visit at week 52[2]

B Includes data from pretreatment baseline of AURORA Trial, 12 months in AURORA Trial, and up to 24 months in AURORA Extension Study[2]

1. Rovin BH, Teng YKO, Ginzler EM, et al. Efficacy and safety of voclosporin versus placebo for Lupus Nephritis (AURORA Trial): a double-blind, randomised, multicentre, placebo-controlled, phase 3 trial. *Lancet*. 2021;397(10289):2070-2080. doi:10.1016/S0140-6736(21)00578-X. 2. LUPKYNIS®. Package insert. Aurinia Pharma U.S., Inc; 2021.

AURORA Trial: Subgroup Analysis of Renal Response at Week 52

Consistent Efficacy Across At-risk Biopsy Classes and Racial and Ethnic Groups



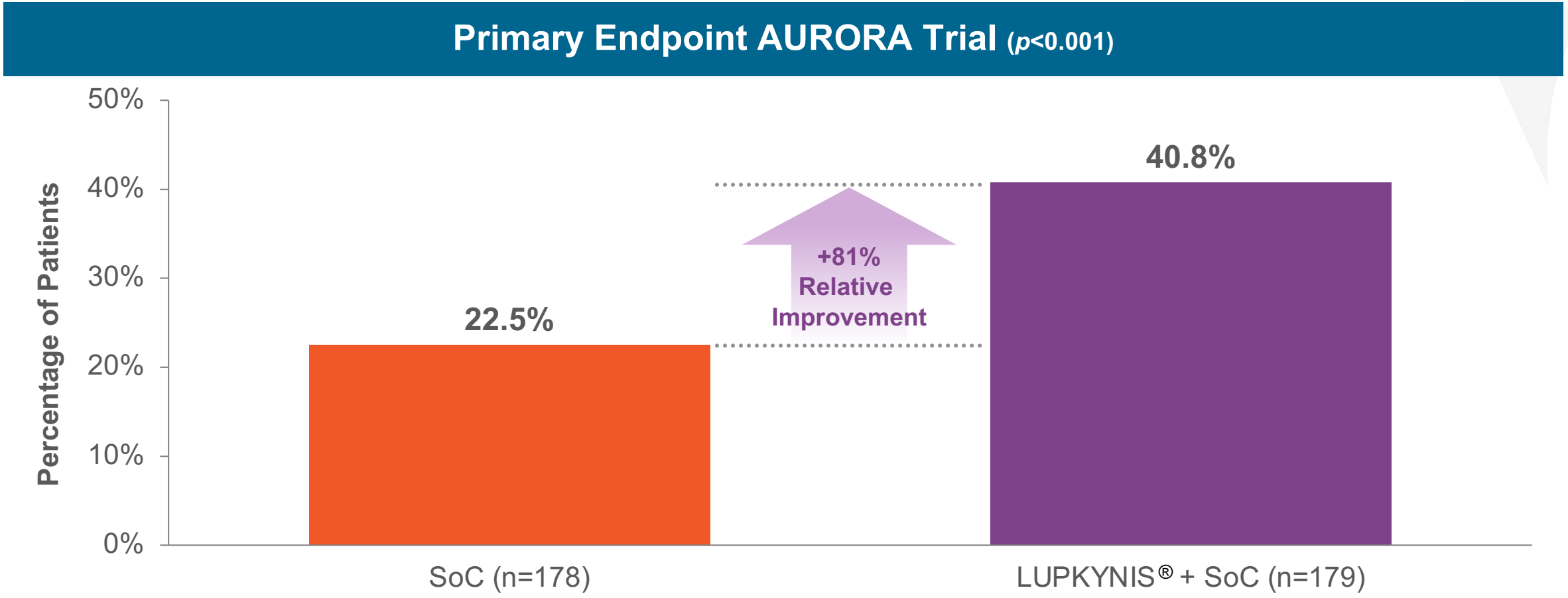
		N (%)	OR (95% CI)	*P* Value
Race	White	129 (36)	1.7 (0.8, 3.7)	0.17
	Asian	109 (31)	3.7 (1.5, 9.2)	0.005
	Black	45 (13)	4.8 (1.0, 22.2)	0.045
	Other	74 (21)	2.8 (1.0, 8.1)	0.054
Region	Asia-Pacific	104 (29)	3.4 (1.3, 8.4)	0.010
	Europe & South Africa	104 (29)	1.6 (0.7, 3.5)	0.29
	Latin America	97 (27)	3.4 (1.4, 8.4)	0.008
	North America	52 (15)	4.5 (0.8, 24.3)	0.085
Ethnicity	Hispanic or Latino	116 (32)	3.5 (1.4, 8.4)	0.006
	Non-Hispanic or Non-Latino	240 (67)	2.3 (1.3, 4.1)	0.005
Biopsy Class	Pure Class V	50 (14)	2.7 (0.8, 9.7)	0.120
	Other	307 (86)	2.6 (1.6, 4.4)	<0.001
Overall		**357 (100)**	**2.65 (1.6, 4.3)**	**<0.0001**

Impressive Effects Across All Patient Populations; Especially in Largest Sub-Segments of LN (Black, Asian, and Hispanic)

Source: Rovin BH, Teng YKO, Ginzler EM, et al. Efficacy and safety of voclosporin versus placebo for Lupus Nephritis (AURORA):a double-blind, randomised, multicentre, placebo-controlled, phase 3 trial. *Lancet*. 2021;397(10289):2070-2080. doi:10.1016/S0140-6736(21)00578-X.

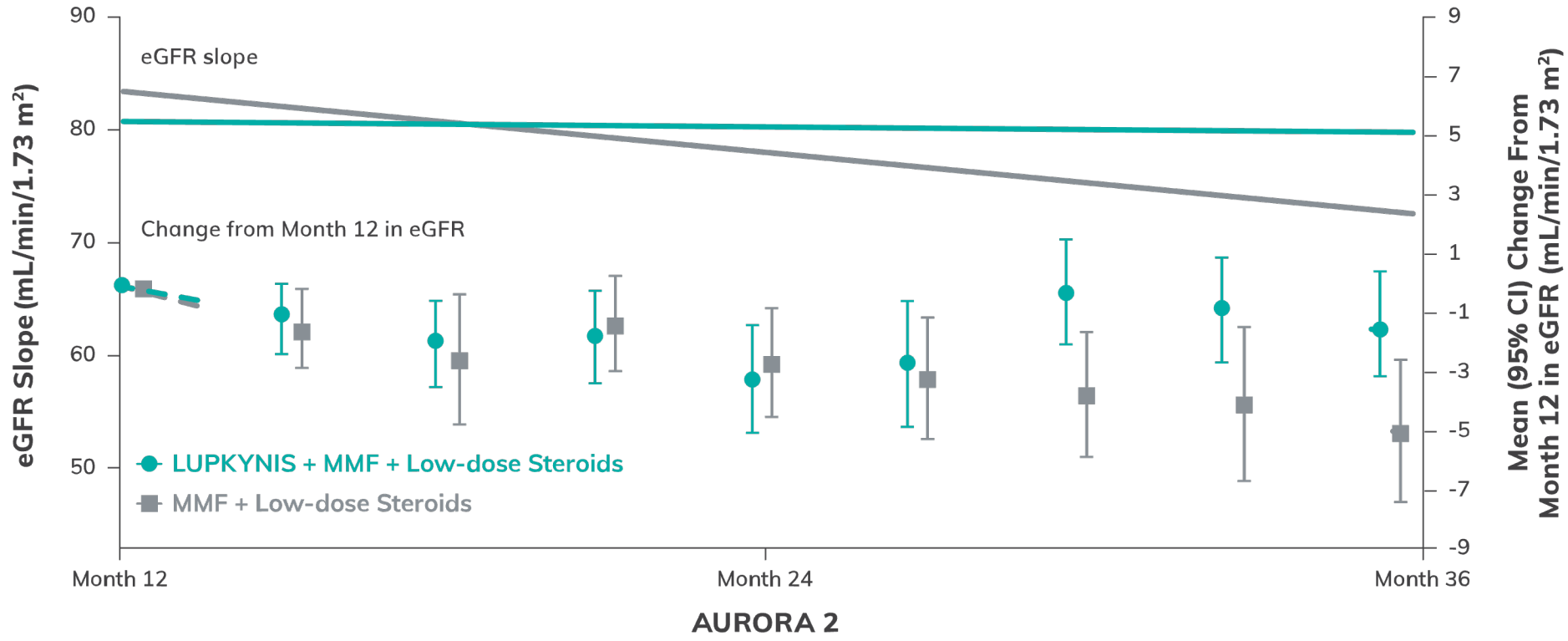
AURORA Trial Primary Endpoint at 12 Months[1,2]

LUPKYNIS® Patients Were **2.7x More** Likely to Achieve a Complete Response than SoC



1. LUPKYNIS®. Package insert. Aurinia Pharma U.S., Inc; 2021; 2. Mackay M, et al. *Arthritis Rheumatol*. 2021;73(suppl 10). a: Post hoc analysis of patients with recent-onset LN—excluding class V—defined as LN diagnosis within ≤6 months based on reported year of diagnosis, study start date, and date of biopsy. Post hoc results should be viewed with caution.

LUPKYNIS Stabilizes and Preserves eGFR More Consistently Compared to MMF + Low-Dose Steroids Alone



- Slope of the change in eGFR were -0.2 mL/min/1.73 m^2 with LUPKYNIS and -5.4 mL/min/1.73 m^2 with MMF + low-dose steroids over 2 years[5.7a]
- Mean SCr levels remained with normal range over 3 years with LUPKYNIS

*This was a post hoc analysis and should be interpreted with caution[5]

[a] eGFR, estimated glomerular filtration rate. Analysis of AURORA 2 patients includes pooled data from AURORA 1 and AURORA 2. Renal function assessed with corrected eGFR (Chronic Kidney Disease Epidemiology Collaboration equation) using a prespecified ceiling of 90 mL/min/1.73 m2. Slope data are annualized. Analysis of eGFR slopes is based on a generalized linear model analysis of individual patient slopes calculated from data within the specified time window.

AURORA Renal Biopsy Substudy Demonstrates that LUPKYNIS® Is Not Associated with Chronic Nephrotoxicity

NIH Scoring

- Activity scores decreased in conjunction with improvements in UPRC in both treatment arms
- Average chronicity score remaining stable in both treatment arms from baseline to follow-up

CNI Nephrotoxicity

- No histopathologic findings

	Control (SoC) n=10		LUPKYNIS® n=16	
	Baseline*	Follow-up	Baseline	Follow-up
Activity Index, Mean (SD)	2.8 (3.2)	0.4 (1.0)	1.8 (3.0)	0.4 (1.0)
Chronicity Index, Mean (SD)	2.9 (2.3)	2.8 (2.7)	3.8 (3.5)	4.1 (3.3)

Data Further Reinforces Differentiation of LUPKYNIS® from First Generation Calcineurin Inhibitors (CNIs)

Follow-up Kidney Biopsies from the AURORA-Ext Study Clinical Trial Evaluating Voclosporin for the Treatment of LN. Samir V. Parikh[1], Clint Abner[2], Ernie Yap[2], Krista Piper[2], Rob Huizinga[3], Henry Leher[2]
1. The Ohio State University Wexner Medical Center, Columbus, OH, United States; 2. Aurinia Pharmaceuticals Inc., Victoria, BC, Canada, 3. Reformation Consulting Services, North Saanich, BC, Canada | Poster Presentation Congress of Clinical Rheumatology May 2023.

CRR, complete renal response (defined as UPCR <0.5 mg/mg, stable eGFR, low-dose steroids, and no rescue medication); eGFR, estimated glomerular filtration rate; PRR, partial renal response (defined as the reduction in UPCR of >50% from baseline); SD, standard deviation; UPCR, urine protein creatine ratio. Histopathologic grading based on the National Institutes of Health indices for Lupus Nephritis activity (scale 0-24) and chronicity (0-12). Renal function was assessed with corrected eGFR (Chronic Kidney Disease Epidemiology Collaboration equation) using a prespecified ceiling of 90 mL/min/1.73 m^2. * Data from the pre-treatment baseline of the AURORA Trial

AURORA Ext: LUPKYNIS® Demonstrated Consistent Safety Over Three Years: No Unexpected Safety Signals Observed

Combined Number of Patients from AURA-LV and AURORA Trial[1]

AE[a]	LUPKYNIS® 23.7 mg BID (n=267)	SoC (n=266)
Glomerular Filtration Rate Decreased[b]	26%	9%
Hypertension	19%	9%
Diarrhea	19%	13%
Headache	15%	8%
Anemia	12%	6%
Cough	11%	2%
Urinary Tract Infection	10%	6%
Abdominal Pain Upper	7%	2%
Dyspepsia	6%	3%
Alopecia	6%	3%
Renal Impairment	6%	3%
Abdominal Pain	5%	2%
Mouth Ulceration	4%	1%
Fatigue	4%	1%
Tremor	3%	1%
Acute Kidney Injury	3%	1%
Decreased Appetite	3%	1%

[a] AE was defined as any untoward medical occurrence that occurred on or after entrance into AURORA Extension Study and up to 30 days after study treatment end[2]

[b] GFR decreased was the most frequently reported kidney AE. other kidney AEs were kidney impairment, acute kidney injury, blood creatinine increased, azotemia, kidney failure, oliguria, and proteinuria.[1]

AE=adverse event: BID=twice daily.

Overview of AEs in AURORA Extension Study[2]

AE	LUPKYNIS® (n=116)	SoC (n=100)
Any AE[c]	86.2%	80.0%
Treatment-related AE	24.1%	21.0%
Serious AE	18.1%	23.0%
Treatment-related Serious AE	0.9%	2.0%
AE leading to LUPKYNIS®/ SOC discontinuation	9.5%	17.0%
Deaths[d]	0	4
Disease-related AE	43.1%	34.0%
Disease-related Serious AE	6.0%	11.0%

[c] Clinically significant AEs included serious infections, nephrotoxicity, hypertension, neurotoxicity, lymphoma and other malignancies, hyperkalemia, pure red cell aplasia, and QTc prolongation.[1]

[d] Three deaths occurred during the study, and one death occurred during follow-up[2]

1. LUPKYNIS®. Package insert. Aurinia Pharma U.S., Inc; 2021; 2. Saxena A, Teng YKO, Collins C, et al POS0186 Voclosporin for LN: Results of the Two-Year AURORA Extension Study. *Annals of the Rheumatic Diseases* 2022;81:325.

LUPKYNIS® Provides Rapid, Profound and Durable Clinical Benefit in LN

Highly Differentiated Relative to Other Available Agents

Complete Response	• 41% of patients achieved primary end-point vs. 21% for the legacy SoC • **Triples the chance of a complete response** vs. Standard of Care
Proteinuria Reduction	• Reduces median proteinuria response **twice as fast as SoC** – 50% reduction within 1 month – CRR within 6 months
Stable eGFR and Confirmatory Biopsy Data	• **LUPKYNIS® shows stable eGFR to 36 mo** in AURORA 2 –Extension Trial while the legacy SoC appeared unable to stabilize eGFR decline over the same period • No evidence of chronic CNI nephrotoxicity
Safety Data	• LUPKYNIS® safety profile is **highly differentiated** relative to First Generation CNI

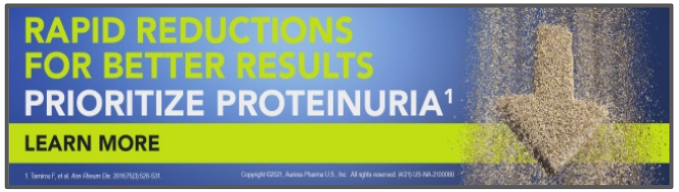
LUPKYNIS® Demonstrates Important Clinical and Safety Benefits Over SoC and First Generation CNI

Our Goal is to Establish LUPKYNIS® as the new Standard of Care in the Treatment of Lupus Nephritis

1. **Create sense of urgency to diagnose, manage and treat LN to guideline targets**
2. **Empower patients to take charge of their Lupus Nephritis through education** on the importance of early diagnosis, routine management, and treatment
3. **Ensure meaningful differentiation of LUPKYNIS® clinical profile**
4. **Drive trial and adoption of LUPKYNIS® with high decile physicians across broad range of appropriate patient types**
5. **Support patient persistency and adherence to therapy to improve long term renal outcomes**

Drive Earlier Diagnosis and Treatment via Physician Education & Engagement

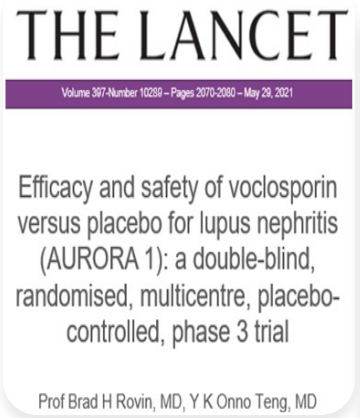
Elevating the Importance of Active Surveillance, Early Diagnosis and Routine Management



Communication Channels

- Clinical Education Programs
- Peer2Peer
- Representative: Healthcare Professionals
- Web Based Education
- Medical Meetings

Educating on the Clinical Differentiation of LUPKYNIS


THE LANCET

Volume 397-Number 10289 – Pages 2070-2080 – May 29, 2021

Efficacy and safety of voclosporin versus placebo for lupus nephritis (AURORA 1): a double-blind, randomised, multicentre, placebo-controlled, phase 3 trial

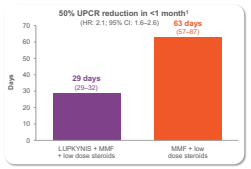
Prof Brad H Rovin, MD, Y K Onno Teng, MD

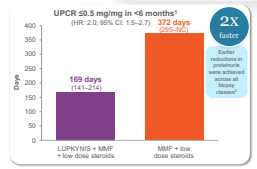
Combined number of patients from AURA and AURORA

AE	LUPKYNIS 23.7 mg BID (n=267)	SOC (n=266)
Glomerular filtration rate decreased	26%	9%
Hypertension	19%	9%
Diarrhea	19%	13%
Headache	15%	8%
Anemia	12%	6%
Cough	11%	2%
Urinary tract infection	10%	6%
Abdominal pain upper	7%	2%
Dyspepsia	6%	3%
Alopecia	6%	3%
Renal impairment	6%	3%
Abdominal pain	5%	2%
Mouth ulceration	4%	1%
Fatigue	4%	1%
Tremor	3%	1%
Acute kidney injury	3%	1%

Overview of AEs in AURORA 2[1]

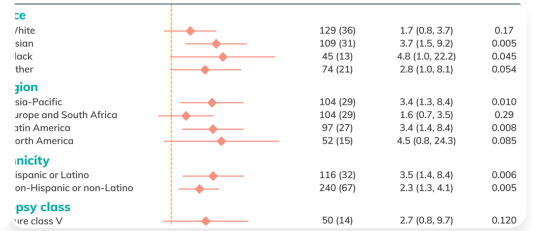
	LUPKYNIS (n=116)	SOC (n=100)
Any AE	86.2%	80.0%
Treatment-related AE	24.1%	21.0%
Serious AE	18.1%	23.0%
Treatment-related serious AE	0.9%	2.0%
AE leading to LUPKYNIS/SOC discontinuation	9.5%	17.0%
Deaths (n)	0	4
Disease-related AE	43.1%	34.0%
Disease-related serious AE	6.0%	11.0%






Safety and Efficacy of Long–Term Voclosporin Treatment for Lupus Nephritis in the Phase 3 AURORA 2 Clinical Trial

Abstract



Race and ethnicity were post hoc analyses and should be interpreted with caution. Results were not significant for White race; class V; and Europe and South Africa or North American region

Source: Saxena A, Teng YKO, Collins C, et al POS0186 Voclosporin for Lupus Nephritis: Results of the Two-Year AURORA 2 Continuation Study. Annals of the Rheumatic Diseases 2022; 81:325.

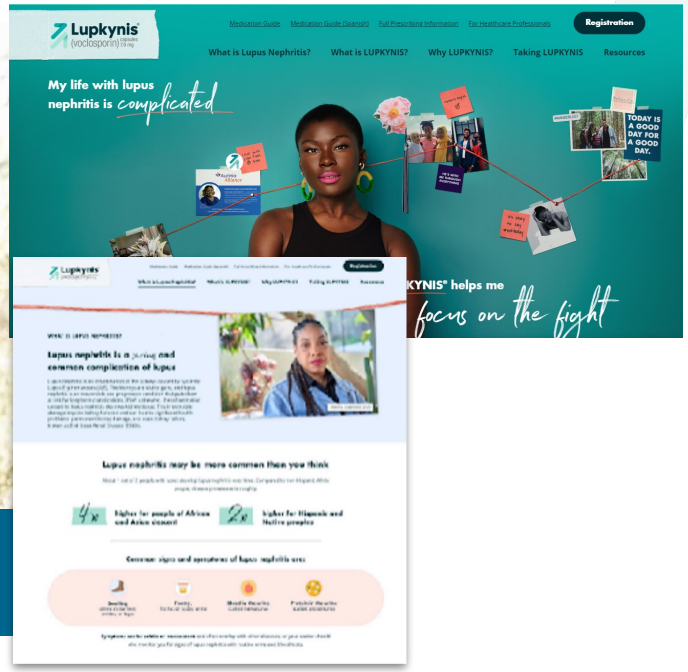
Targeted Campaigns in Market to Activate and Educate Patients

Disease State Activation Campaign

Goal is to Drive Patients to Act with Urgency to Prioritize their Kidney Health

LUPKYNIS® Education Campaign

Continued Campaign Growth Since Launch; Creating Deeper Patient Connections to Drive Brand Awareness and Motivate Conversations with HCP



Aurinia Alliance Provides High Touch Care to Support Persistency

Aurinia Alliance™

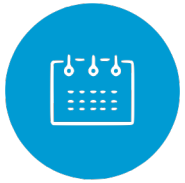
Personalized 1 on 1 support throughout their treatment journey

EDUCATIONAL RESOURCES

- Nurse case manager provides helpful materials tailored to patients' specific needs
- Peer Connect program to speak directly to a patient with product experience

FINANCIAL ASSISTANCE

- Eligible patients have access to co-pay support
- 97% of the time, patients paid <$10 for LUPKYNIS®
- Access to Bridge program for all patients



AURINIA TREATMENT SUPPORT

- All eligible patients can receive LUPKYNIS® within 5 days
- Continued nurse case manager support to help patients stay organized, informed, and aware of the treatment schedule

PSFs Q4 2023: **438**

Total PSFs YTD thru DEC 2023**: ~1,791**

Patient Restarts & Hospital Fills
Q4 2023: **101**

Patients on Therapy:
Estimated **2,066** at the end of Q4 2023

Lupkynis® (voclosporin) capsules 7.9 mg

Approximately 85% of PSFs converted to patients on treatment*

At 12 months, **approximately 55% of patients remain on treatment***

Partnership with Otsuka Pharmaceuticals

Territories: US, RoW

Aurinia™

Territories: EU, UK, Japan

Otsuka

- Ex-US collaboration and license agreement with Otsuka Pharmaceutical Co., Ltd.
- Economics from royalties, manufacturing, regulatory and sales-related milestones; ~$90 million to date*
- Includes the territories of the European Union (EU), UK, Switzerland, Norway, Iceland, Liechtenstein, and Japan
- EU approval, September 15, 2022; UK approval November 29, 2022; Swiss-Medic approval May 2, 2023
- Working through key country reimbursement approvals with UK NICE approval received May 2023, Italy June 2023 and Spain September 2023 achieving an EU reimbursement milestone of $10 million in September 2023
- JNDA submission in December 2023; anticipate a $10 million milestone for JNDA approval targeted for 2024

*As of December 31, 2023

Financial Highlights

2023 net product revenue of **$159 million**[1]

2024 forecast of **$200 to $220 million**[2] net product revenue

In excess of 90% gross margin[1]

Approximately **$351 million in** cash, cash equivalents and investments on the balance sheet[1]

Targeting **cash flow positive** in H2 2024

Estimated **$560 million** in non-operating loss (NOLs) tax credit

A Strong Foundation For Ongoing Growth

Aurinia™

- **Mission** to transform people's lives by changing the trajectory of autoimmune disease
- **First commercial asset**, LUPKYNIS approved and launched in January 2021 with ~$159 million in net product revenue YE 2023[1]
- **Leadership experience** at all business levels – small biotech through big pharma in rare disease, autoimmune and inflammation
- **Partnered EU/UK/Japan commercialization** with Otsuka; economics from royalties, manufacturing, regulatory and sales-related milestones
- **Strong balance sheet** with ~$351 million[1] in cash, restricted cash, cash equivalents, and investments, with no debt obligations

[1] Aurinia 2023 Year-End Financial and Operational Results, as reported on February 15, 2024