Forward Looking Statements

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: completing NDA priority review submissions in a successful and timely manner including the anticipated NDA filing during the second quarter of 2020; the potential for commercial launch of voclosporin for use in LN in 2021; voclosporin being potentially a best-in-class CNI with robust intellectual property exclusivity and protection; Aurinia’s anticipation that upon regulatory approval, patent protection for voclosporin composition of matter will be extended in the United States and certain other major markets, including Europe and Japan, until at least October 2027 under the Hatch-Waxman Act and comparable laws in other countries and until April 2028 with anticipated pediatric extension; a US patent has also been issued covering the voclosporin dosing protocol with a term extending to December 2037, if the FDA adequately incorporates the dosing protocol used in both the AURA and the AURORA studies into the product label; that the results of the AURORA clinical study are pivotal; that voclosporin may be positioned to become the standard of care for people living with LN; that Aurinia will present AURORA study results at a future scientific conference during 2020. 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 market value for the LN, DES and FSGS programs; that another company will not create a substantial competitive product for Aurinia’s LN, DES and FSGS business without violating Aurinia’s intellectual property rights; the burn rate of Aurinia’s cash for operations; the costs and expenses associated with Aurinia’s clinical trials; the planned studies achieving positive results; Aurinia being able to extend and protect its patents for LN, DES, and FSGS on terms acceptable to Aurinia; and the size of the LN, DES or FSGS markets; Aurinia will be able to obtain all necessary regulatory approvals for commercialization of voclosporin for use in LN on terms that are acceptable to it and that are commercially viable; and that Aurinia’s intellectual property rights are valid and do not infringe the intellectual property rights of other parties. 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, delays, or failures we may experience in the conduct of our clinical trial; difficulties we may experience in completing the development and commercialization of voclosporin; the market for the LN, DES and FSGS business may not be as estimated; Aurinia may have to pay unanticipated expenses; estimated costs for clinical trials may be underestimated, resulting in Aurinia having to make additional expenditures to achieve its current goals; Aurinia not being able to extend or fully protect its patent portfolio for voclosporin; competitors may arise with similar products; Aurinia may not be able to obtain necessary regulatory approvals for commercialization of voclosporin in a timely fashion, or at all; and Aurinia may not be able to obtain sufficient supply to meet commercial demand for voclosporin in a timely fashion. 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 press release 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 Information Form available by accessing the Canadian Securities Administrators’ System for Electronic Document Analysis and Retrieval (SEDAR) website at www.sedar.com or the U.S. Securities and Exchange Commission’s Electronic Document Gathering and Retrieval System (EDGAR) website at www.sec.gov/edgar.
Aurinia is Positioned for Success

**Voclosporin: Aimed to be 1st FDA-approved treatment for lupus nephritis (LN)**

- 2019 Clinical/Regulatory Accomplishments:
  - Presented positive topline Phase 3 AURORA study data
  - Completed DDI study data which support voclosporin as potential best in class CNI
- First LN treatment to receive FDA Fast Track Designation
- NDA submission on track for submission by end of 2Q20
- Preparing for potential AdCom, approval, followed by 1H2021 commercial launch

**Corporate foundation for growth**

- Experienced management team
  - Led the successful development of CellCept (MMF) – current SoC for LN
  - Extensive commercial launch history
- Diversified product pipeline
  - Voclosporin for FSGS - Phase 2a ongoing
  - VOS for DES – Phase 2a completed; Phase 2/3 ongoing
- Robust IP with potential for protection through 2037
- Cash and equivalents of $306M at 12/31/19
  - Runway projected through 2021
## Significant Positive Momentum with Near-Term Catalysts on the Horizon

<table>
<thead>
<tr>
<th>Product &amp; Indication</th>
<th>Development Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voclosporin</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lupus Nephritis (LN)</strong></td>
<td>Phase 1</td>
</tr>
<tr>
<td><strong>VOS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>(Voclosporin ophthalmic solution)</strong></td>
<td>Phase 1</td>
</tr>
<tr>
<td><strong>Dry Eye Syndrome (DES)</strong></td>
<td>Phase 1</td>
</tr>
<tr>
<td><strong>Voclosporin</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Focal Segmental Glomerulosclerosis (FSGS)</strong></td>
<td>Phase 1</td>
</tr>
</tbody>
</table>

*also known as dry eye disease (DED) and keratoconjunctivitis sicca (KCS)*

NDA: U.S. FDA New Drug Application
Aurinia is Positioned for Success

2020 & 2021 Key Goals

- 1Q2020 Pre-NDA meeting
  - Continue to build U.S. operations
  - 2Q2020 AURORA study data presentation
  - 2Q2020 NDA submission
  - 2H2020 NDA filing accepted for review
  - 2H2020 VOS DES Phase 2/3 results
  - 2H2020 FSGS exploratory Phase 2 results
  - 2021 Commercial launch for LN

Investment Summary

- Voclosporin is positioned to become the first FDA-approved treatment for LN
  - Strong IP with potential for protection through 2037
- Preparing for commercial launch
- Focus on diversified product pipeline
  - Voclosporin for FSGS - Phase 2a ongoing
  - VOS for DES – Phase 2a completed; Phase 2/3 ongoing

Validated asset, experienced team and bold strategy to commercialize voclosporin in 2021
Voclosporin

- Advancing the treatment outcomes for patients with LN
- Expansion into related high-need disease areas
Focused on Advancing Voclosporin for LN

Recent positive AURORA Phase 3 data readout

- Extraordinary data observed in AURORA Phase 3 study in LN
  - A complex, difficult-to-treat disease with no FDA or EMA approved LN therapies
  - Testament to the extensive efforts of the Aurinia team
- AURORA Phase 3 study achieved statistical significance for the primary endpoint of renal response and across all hierarchical secondary endpoints
- Safety results were impressive
  - Well-tolerated with no unexpected AEs
  - Positive benefit-risk profile remains unchanged

Next Steps

- Working with expediency to prepare and file an NDA to address unmet need
- Engage with patients, patient advocacy groups, physicians and payors to support voclosporin with a high touch care model across the patient treatment experience

Note: The term Renal Response (AURORA) is consistent with Complete Remission (AURA-LV)
**Central Nervous System**
- Headaches, dizziness, memory disturbances, vision problems, seizures, stroke, or changes in behavior

**Lungs**
- Pleuritis, inflammation, or pneumonia

**Heart**
- Chest pains, heart murmurs

**Kidneys**
- Inflammation

**Blood**
- Anemia, decreased white cells, increased risk of blood clots

**Widespread**
- Fatigue, fever, joint pain, muscle aches, photosensitivity, rashes, hair loss, anxiety & depression

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**Systemic Lupus Erythematosus (SLE)** is a chronic, complex and often disabling autoimmune disorder
- Affects over ~445K 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\(^2\)
- Straightforward disease outcomes: an early response, which can be assessed by measuring proteinuria correlates w/long-term outcomes
- Debilitating and costly, often leading to ESRD, dialysis, renal transplant, and death\(^2\)
- As many as 30% of LN patients will progress to ESRD\(^3\)

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**No FDA or EMA Approved LN Therapies**

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1. The MarketScan® Research Databases, [Truven Health Analytics](https://www.truvenhealth.com)
2. NIDDK, [Lupus Nephritis](https://www.niddk.nih.gov/health-information/lupus/lupus-nephritis)
3. [Update on Lupus Nephritis](https://jasn.asnjournals.org/content/12/5/825), Almaani et al. JASN May 2017, 12 (5) 825-835
Lupus Nephritis: Achieving Remission Quickly is Key

Destructive Cycle of LN

**INDUCTION**
- IVC or MMF w/high-dose steroids
- MMF or AZA

**REMISSION**

**MAINTENANCE**

**FLARE**

Steroid taper

Outcomes Based on Renal Response

<table>
<thead>
<tr>
<th>Renal Response</th>
<th>Not on Dialysis at 10 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Renal</td>
<td>92%</td>
</tr>
<tr>
<td>Partial Renal</td>
<td>43%</td>
</tr>
<tr>
<td>No Response</td>
<td>8%</td>
</tr>
</tbody>
</table>

Voclosporin: Potential to Address Significant Unmet Medical Need in LN

**Unmet Medical Need**

- Control of Active Disease
- Rapid Disease Control
- Reduced Steroid Burden
- Convenient Treatment Regimen

**Voclosporin**

Based on AURORA Phase 3 Study Results
Voclosporin: Novel and Potentially Best-in-Class CNI

Predictable concentration effect and tight PK/PD relationship—no therapeutic drug monitoring\(^1,\(^3\)

Better glucose profile (reduced diabetes risk) versus tacrolimus\(^2\)

Increased potency and improved lipid profile vs CsA\(^1\)

Calcineurin inhibitors (CNIs) have demonstrated efficacy for a number of conditions, including transplant patients, lupus nephritis (LN) patients, keratoconjunctivitis sicca (dry eye) & other autoimmune diseases; however side effects exist which can limit their long-term use.

1. Aurinia Data on file
3. AURA-LV Data on file
Voclosporin: Robust Intellectual Property

- Composition of Matter protection for voclosporin in the US is anticipated until at least October 2027 under the Hatch-Waxman Act and comparable laws in other countries.

<table>
<thead>
<tr>
<th>Year</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
<th>2027</th>
<th>2028</th>
<th>2029</th>
<th>2037</th>
</tr>
</thead>
</table>

**Composition of Matter of Voclosporin**

- Isomeric Patents (Trans Formulation)
- Patent Term Extension (5 years)
- Potential Pediatric Extension (6 months)
- Treatment Protocol Patent for Voclosporin in LN (Allowed)

- United States Patent and Trademark Office ("USPTO") granted in May 2019 for the novel voclosporin dosing protocol based on patient specific pharmacodynamic parameters (#10,286,036)
- Patent provides protection up to **December 2037** contingent upon product approval and corresponding label

* Similar coverage periods are assumed for the CoM patents in Europe & Japan, the Methods patents have been filed under PCT and will be examined in due course.
AURORA Phase 3 Study Design

Global, double-blind, placebo-controlled study to evaluate whether voclosporin in combination with background standard of care of MMF/CellCept® can increase speed of & overall remission rates in the presence of low steroids

Primary endpoint: Renal Response at Week 52*

Secondary endpoint
24 weeks

VOCLOSPORIN 23.7 mg bid

MMF 2 g + oral corticosteroids

PLACEBO

Primary endpoint
52 weeks

VOCLOSPORIN 23.7 mg bid

MMF 2 g + oral corticosteroids

PLACEBO

1:1 Randomization
N=358

2-Year Blinded Continuation Study

AURORA-1 Steroid Taper

Oral prednisone (mg)

Weeks

# AURORA Phase 3 Select Demographics and Baseline Characteristics (ITT)

<table>
<thead>
<tr>
<th>Biopsy Class n (%)</th>
<th>Control (N = 178)</th>
<th>Voclosporin 23.7 mg BID (N = 179)</th>
<th>Total (N = 357)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pure Class V</td>
<td>25 (14%)</td>
<td>25 (14%)</td>
<td>50 (14%)</td>
</tr>
<tr>
<td>Other</td>
<td>153 (86%)</td>
<td>154 (86%)</td>
<td>307 (86%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex n (%)</th>
<th>Control (N = 178)</th>
<th>Voclosporin 23.7 mg BID (N = 179)</th>
<th>Total (N = 357)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>26 (14.6%)</td>
<td>18 (10.1%)</td>
<td>44 (12.3%)</td>
</tr>
<tr>
<td>Female</td>
<td>152 (85.4%)</td>
<td>161 (89.9%)</td>
<td>313 (87.7%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baseline weight (kg)</th>
<th>Control (N = 178)</th>
<th>Voclosporin 23.7 mg BID (N = 179)</th>
<th>Total (N = 357)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>66.55 (16.113)</td>
<td>66.49 (17.074)</td>
<td>66.52 (16.578)</td>
</tr>
<tr>
<td>Median</td>
<td>63.50</td>
<td>64.60</td>
<td>64.10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Control (N = 178)</th>
<th>Voclosporin 23.7 mg BID (N = 179)</th>
<th>Total (N = 357)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>33.6 (11.0)</td>
<td>32.8 (10.93)</td>
<td>33.2 (10.96)</td>
</tr>
<tr>
<td>Median</td>
<td>31.5</td>
<td>31.0</td>
<td>31.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baseline UPCR (mg/mg)</th>
<th>Control (N = 178)</th>
<th>Voclosporin 23.7 mg BID (N = 179)</th>
<th>Total (N = 357)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>3.867 (2.3626)</td>
<td>4.138 (2.7109)</td>
<td>4.002 (2.5428)</td>
</tr>
<tr>
<td>Median</td>
<td>3.128</td>
<td>3.356</td>
<td>3.216</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regional Distribution</th>
<th>Asia Pacific</th>
<th>Europe</th>
<th>North/Latin Americas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>104 (29%)</td>
<td>97 (27%)</td>
<td>149 (42%)</td>
</tr>
</tbody>
</table>

Abbreviations: ITT = intent to treat; BID = twice a day; SD = standard deviation; UPCR = urinary protein to creatinine ratio
AURORA Phase 3 Primary Endpoint: Week 52 Complete Renal Response (ITT)

Complete Renal Response Week 52

\[ \Delta = 18.3\% \]

<table>
<thead>
<tr>
<th>Odds Ratios and p-value (52 weeks vs. Control)</th>
<th>Renal Responders</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voclosporin 23.7 mg BID</td>
<td>2.65</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

n = 178  n = 179

\[ \text{Control} \quad \text{Voclosporin 23.7 mg BID} \]

Abbreviations: ITT = intent to treat; BID = twice a day
**AURORA Phase 3 Secondary Endpoint: Week 24 Complete Renal Response (ITT)**

### Complete Renal Response Week 24

<table>
<thead>
<tr>
<th>Odds Ratios and p-value (52 weeks vs. Control)</th>
<th>Renal Responders</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voclosporin 23.7 mg BID</td>
<td>2.23</td>
<td>0.002</td>
</tr>
</tbody>
</table>

**Abbreviations:** ITT = intent to treat; BID = twice a day
AURORA Phase 3 Secondary Endpoint: Partial Renal Response (ITT)

Partial renal response defined as 50% Reduction from Baseline UPCR at Week 24 and at Week 52

Abbreviations: ITT = intent to treat; BID = twice a day
## AURORA Phase 3 Hierarchical Secondary Endpoints (ITT)

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

Abbreviations: ITT = intent to treat; UPCR = urinary protein to creatinine ratio
AURORA Phase 3 Secondary Endpoint: Change in UPCR (mg/mg) at Week 52 (ITT)

**Change from Baseline in UPCR (mg/mg)**

- **CONTROL**
  - Baseline: 3.87
  - Week 52: 1.94
  - Change from Baseline: -1.88

- **VOCLOSPORIN 23.7 MG BID**
  - Baseline: 4.14
  - Week 52: 1.35
  - Change from Baseline: -2.65

*p < 0.001*

**Abbreviations:** ITT = intent to treat; BID = twice a day; UPCR = urinary protein to creatinine ratio
AURORA Phase 3 Overall Summary of Adverse Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Control (N = 178)</th>
<th>Voclosporin 23.7 mg BID (N = 178)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Adverse Event (AE)</td>
<td>158 (88.8)</td>
<td>162 (91.0)</td>
</tr>
<tr>
<td>Any Serious Adverse Event (SAE)</td>
<td>38 (21.3)</td>
<td>37 (20.8)</td>
</tr>
<tr>
<td>- Serious infection</td>
<td>20 (11.2)</td>
<td>18 (10.1)</td>
</tr>
<tr>
<td>Any treatment-related SAE</td>
<td>8 (4.5)</td>
<td>8 (4.5)</td>
</tr>
<tr>
<td>Any AE leading to voclosporin/placebo discontinuation</td>
<td>26 (14.6)</td>
<td>20 (11.2)</td>
</tr>
<tr>
<td>Adverse events leading to death</td>
<td>5 (2.8)</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Any treatment-related AE leading to death</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Any disease-related AE</td>
<td>87 (48.9)</td>
<td>96 (53.9)</td>
</tr>
<tr>
<td>Any disease-related SAE</td>
<td>16 (9.0)</td>
<td>18 (10.1)</td>
</tr>
</tbody>
</table>

1 Table displays treatment-emergent adverse events i.e., Any AE that has an onset on or after the first dose of study drug up to last dose + 30 days.
2 Displays all deaths during study, note two deaths in control group and one death in voclosporin group occurred as a result of AEs starting >30 days after discontinuation of study drug.

Abbreviations: BID = twice a day
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 favorable safety profile. The absolute risk reduction is 18.3%.

• Substantial efficacy benefit for voclosporin was achieved without any observed safety penalty over standard of care alone.

• A total of 216 patients enrolled into the AURORA 2 extension study, a 104-week blinded extension study to assess the long-term benefit/risk of voclosporin in LN patients.
Expanded Potential to Treat Unmet Medical Need in Severe Kidney Disorders: Focal Segmental Glomerulosclerosis (FSGS)

Similar to LN, decreased integrity of the podocyte is a key feature of FSGS disease progression

Incidence: >5400 patients FSGS each year in US¹
~30% of NS patients have FSGS on biopsy

Lack of control or proteinuria results in ESRD, which means dialysis or kidney transplantation

Straightforward disease outcomes:
an early clinical response (measured by proteinuria) correlates with long-term outcomes

Nephrotic syndrome (NS) is a collection of symptoms that indicate kidney damage
Leakage of blood proteins into the urine (proteinuria) is a clinical sign of FSGS
Hyperlipidemia and Hypoalbuminemia
Acute Kidney Injury
Patients more susceptible to infection & embolism

Lack of control or proteinuria results in ESRD, which means dialysis or kidney transplantation

¹. NEPHCURE® International _Understanding FSGS_
FSGS Proof of Concept Phase 2 Study Design

Study is designed to evaluate the safety & efficacy of voclosporin as a first-line therapy for FSGS

- June 2018
- 6 month primary endpoint

N=~20

voclosporin BID

Ongoing Data Readouts

<table>
<thead>
<tr>
<th>Key Inclusion Criteria</th>
<th>Primary Outcome Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Biopsy proven FSGS</td>
<td>The proportion of subjects achieving complete or partial remission Week 24</td>
</tr>
<tr>
<td>• Proteinuria (UPCR) of ≥ 2 mg/mg</td>
<td>CR is defined as: Urinary protein/creatinine ratio (UPCR) of ≤0.3 mg/mg</td>
</tr>
<tr>
<td>• eGFR &gt; 30</td>
<td>PR is defined as: UPCR &gt;0.3 mg/mg and &lt;3.0 mg/mg with 50% reduction in UPCR from baseline</td>
</tr>
<tr>
<td>• Serum albumin ≤ 3.2 mg/dl</td>
<td></td>
</tr>
<tr>
<td>• No active immunosuppression besides steroids</td>
<td></td>
</tr>
</tbody>
</table>
Near Term Objectives for Voclosporin

Lupus Nephritis

• Flawless execution of NDA submission in 1H 2020 including CMC and advisory committee preparations
• Present full AURORA Phase 3 study results
• Focus on commercial readiness for 1H 2021

FSGS

• Advance Phase 2a clinical trial and present interim study results
VOS for Dry Eye Syndrome

Opportunity to become market leader in a major patient population
Dry Eye Syndrome (DES)*:
Potential to treat unmet medical need in major patient population

DES is a chronic inflammatory disease characterized by irritation and inflammation that occurs when the eye’s tear film is compromised by reduced tear production, imbalanced tear composition, or excessive tear evaporation.

*Also referred to as Dry Eye Disease (DED) and Keratoconjunctivitis Sicca (KCS)


Persistent Unmet Medical Need

- Estimated >16M patients diagnosed with DES in the U.S.¹
- Control of symptoms is considered inadequate with currently approved therapies
- Disease incidence may be growing, independent of improved diagnosis
- Patient demand for better control of symptoms persists
Calcineurin inhibition is a validated mechanism for the treatment of ocular surface disease; however, there is opportunity for improvement in the effectiveness, tolerability, onset of action and reduced dosing frequency.

VOS is a unique, patented, aqueous, preservative-free, nanomicellar solution:

- Studies completed in rabbit & dog models; licensing deal with Merck Animal Health for animal use
- Phase 1b study completed;
- Phase 2a completed;
- Phase 2/3 ongoing
- IP to ~2031
VOS Shows Broad Activity Across Dry Eye Signs and Symptoms

<table>
<thead>
<tr>
<th>Statistically Significant Improvement in SIGNS (vs Restasis®)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schirmer Tear Test (STT)</td>
</tr>
<tr>
<td>≥10mm Improvement in STT</td>
</tr>
<tr>
<td>Fluorescein Corneal Staining (FCS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statistically Significant Improvement (p&lt;.001) in SYMPTOMS (vs baseline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom Severity (VAS)</td>
</tr>
<tr>
<td>Eye Dryness</td>
</tr>
<tr>
<td>Burning/Stinging</td>
</tr>
<tr>
<td>Eye Pain</td>
</tr>
<tr>
<td>Foreign Body Sensation</td>
</tr>
<tr>
<td>Itching</td>
</tr>
<tr>
<td>Photophobia</td>
</tr>
</tbody>
</table>
VOS Exploratory Phase 2a Clinical Trial

Phase 2 exploratory, multi-center, double-masked, randomized, parallel-group study to evaluate VOS versus Restasis® in subjects with DES

Key Inclusion Criteria

<table>
<thead>
<tr>
<th>Primary: Drop Discomfort at 1 minute vs. Restasis®</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary (SIGNS): Fluorescein Corneal Staining (FCS), Schirmer Tear Test (STT)</td>
</tr>
<tr>
<td>Secondary (SYMPTOMS): SANDE, VAS (dryness)</td>
</tr>
</tbody>
</table>

Key Inclusion Criteria

| Have a hx of DES in both eyes supported by a previous clinical diagnosis |
| A symptom severity score of ≥30 for eye dryness on a Visual Analog Scale (VAS) (1–100) |
| An anesthetized Schirmer tear test of ≥1 and ≤10 per 5 minutes |
| Evidence of ocular surface staining (fluorescein staining of at least 3 (0–15 scale)) |

N=≈100

July 2018

4-week secondary efficacy endpoints

VOS (0.2%)

Restasis® (CsA 0.05%)

SANDE: Symptom Assessment in Dry Eye; VAS: Visual Analog Scale
Pre-specified Endpoint: % of Patients Achieving ≥10mm Increase in STT

VOS was statistically superior to Restasis® at achieving ≥10mm increase in STT (42.9% VOS vs. 18.4% Restasis®; \( p = .0055 \))

- The pre-specified Schirmer categorical analysis showed statistical superiority over Restasis® at 4 weeks (\( p = .0055 \))
  - The same analysis was required by the FDA for Restasis® approval in 2002
VOS shows potential to be a “best in class” therapy for improving tear volume in DES patients (the approved indication for Restasis® and Cequa®)

VOS shows excellent improvement in Schirmer scores with almost 43% of subjects achieving a statistically significant and clinically meaningful outcome at 4 weeks

* See FDA Package Insert for Cequa® and Restasis®
Inclusion Criteria

• DES in both eyes supported by clinical diagnosis
• Symptom severity of ≥30 for eye dryness on a Visual Analog Scale (VAS) (1-100)
• Anesthetized STT of 1mm and 10mm per 5 minutes
• Evidence of ocular surface staining (fluorescein corneal staining (FCS) of at least 3 (0-15 scale)

Outcome Measures

Primary: 10mm or more improvement in STT at 4 weeks
Secondary: STT at 12 weeks, FCS and Symptoms of DES

Results anticipated in 2H2020

Primary end point based upon the established approval pathway for topical application of cyclosporine in the treatment of patients with DES

Aurinia is Positioned for Success

2020 & 2021 Key Goals

✓ 1Q2020 Pre-NDA meeting
  • Continue to build U.S. operations
  • 2Q2020 AURORA study data presentation
  • 2Q2020 NDA submission
  • 2H2020 NDA filing accepted for review
  • 2H2020 VOS DES Phase 2/3 results
  • 2H2020 FSGS exploratory Phase 2 results
  • 2021 Commercial launch for LN

Investment Summary

• Voclosporin is positioned to become the first FDA-approved treatment for LN
  o Strong IP with potential for protection through 2037
• Preparing for commercial launch
• Focus on diversified product pipeline
  o Voclosporin for FSGS - Phase 2a ongoing
  o VOS for DES – Phase 2a completed; Phase 2/3 ongoing

Validated asset, experienced team and bold strategy to commercialize voclosporin in 2021
Aurinia is Positioned for Success

**Voclosporin: Aimed to be 1st FDA-approved treatment for lupus nephritis (LN)**

- 2019 Clinical/Regulatory Accomplishments:
  - Presented positive topline Phase 3 AURORA study data
  - Completed DDI study data which support voclosporin as potential best in class CNI
- First LN treatment to receive FDA Fast Track Designation
- NDA submission on track for submission by end of 2Q20
- Preparing for potential AdCom, approval, followed by 1H2021 commercial launch

**Corporate foundation for growth**

- Experienced management team
  - Led the successful development of CellCept (MMF) – current SoC for LN
  - Extensive commercial launch history
- Diversified product pipeline
  - Voclosporin for FSGS - Phase 2a ongoing
  - VOS for DES – Phase 2a completed; Phase 2/3 ongoing
- Robust IP with potential for protection through 2037
- Cash and equivalents of $306M at 12/31/19
  - Runway projected through 2021