Aurinia Pharmaceuticals

Corporate Presentation

January 2017

Forward-Looking Statements

Certain of the statements made in this presentation may constitute forward-looking information within the meaning of applicable Canadian securities law and forward-looking statements within the meaning of applicable U.S. securities law. These forward-looking statements or information include, but are not limited to statements or information with respect to the projected worth of the lupus nephritis (LN) market, that voclosporin is potentially a best-in-class calcineurin-inhibitor (CNI) with robust intellectual property exclusivity and the likelihood of data exclusivity in major markets, the expectation that voclosporin will be the only CNI with a label for LN, the expected progress of the AURION study; the anticipated commercial potential of voclosporin for the treatment of LN; and anticipated interactions with the US Food and Drug Administration. When used in these marketing materials, the words “anticipate”, “will”, “believe”, “estimate”, “expect”, “intend”, “target”, “plan”, “goals”, “objectives”, “may” and other similar words and expressions, identify forward-looking statements or information.

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 program; that another company will not create a substantial competitive product for Aurinia’s LN business without violating Aurinia’s intellectual property rights; and the size of the LN market. 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: the market for the LN business may not be as estimated; and competitors may arise with similar products.

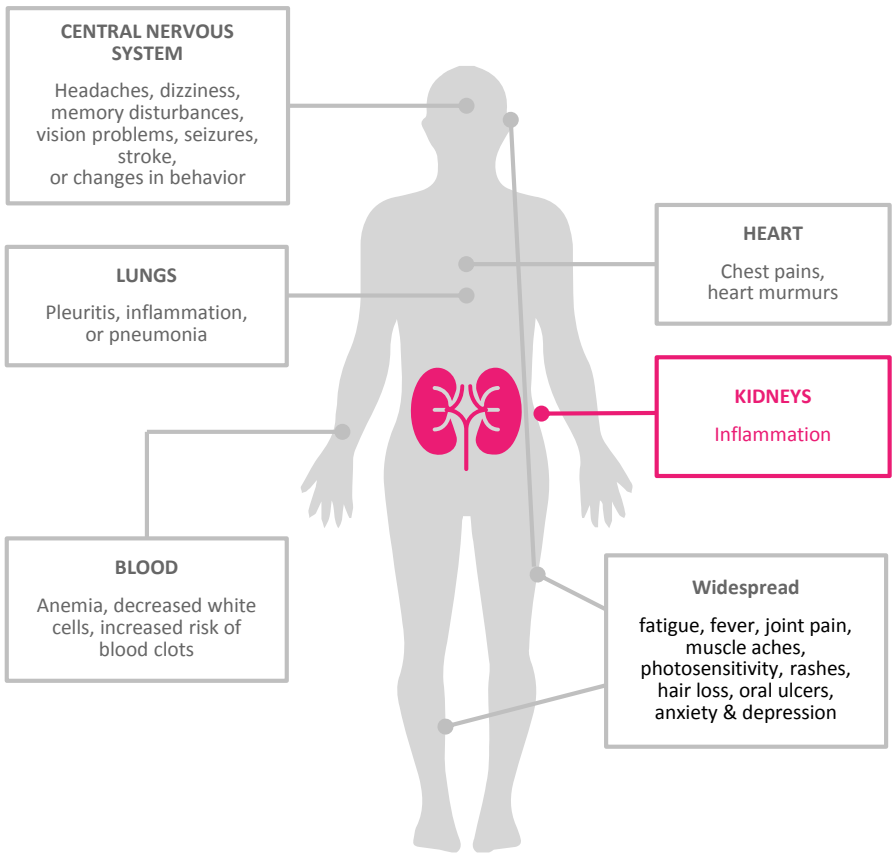
Although we have attempted to identify factors that would cause actual actions, events or results to differ materially from those described in forward-looking statements and information, there may be other factors that cause actual results, performances, achievements or events to not be as anticipated, 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 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.

Company Highlights

- Clinical-stage biopharmaceutical company focused on high unmet medical need in the global nephrology and autoimmunity markets
- Seasoned management team with extensive experience with lupus nephritis (LN) treatments
- Lead program - **Voclosporin** is entering Phase III for the treatment of LN– an area with significant morbidity & mortality and high unmet need
- Readily available multi-billion $ market; IP protection in the US until at least until late 2022 with Patent Term Extension (PTE) to late 2027; in addition to data exclusivity in major markets

SLE & LN Overview & Symptomatology



SLE is a chronic, complex and often disabling autoimmune disorder

- Affects over 1.0M 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

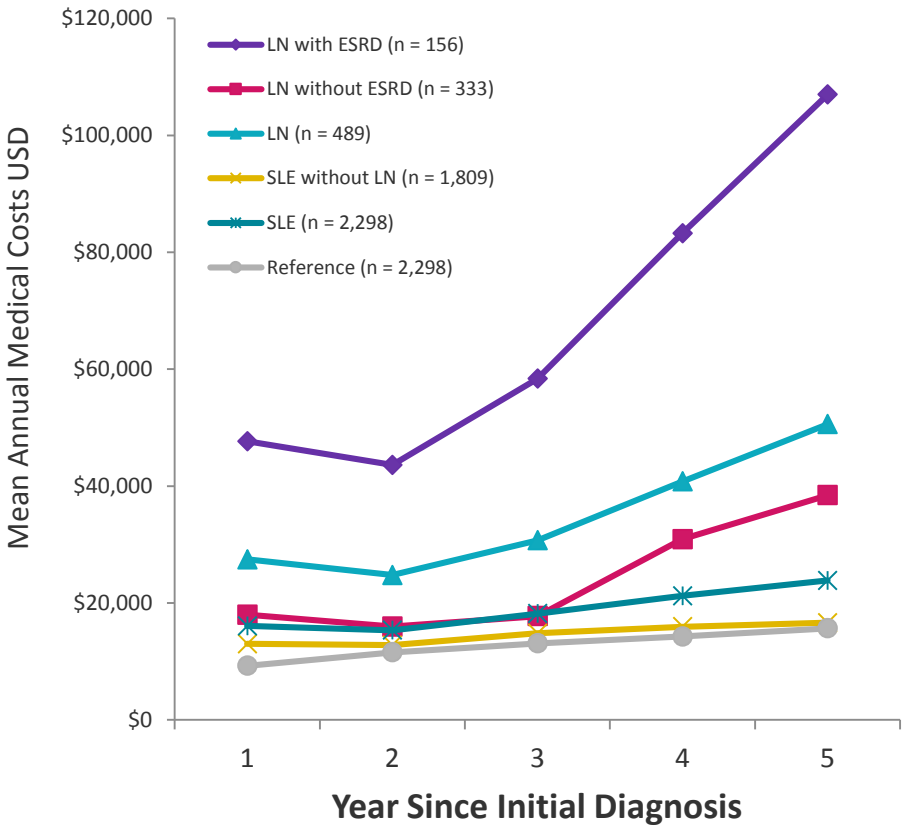
- Up to 60% of SLE patients develop LN[2]
- Leakage of blood proteins into the urine (proteinuria) is clinical sign of LN[4]
- Straightforward disease outcomes—early response correlates w/long term outcomes; measured by proteinuria[2]
- Debilitating and costly, often leading to ESRD, dialysis, renal 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. Lupus Foundation of America, http://www.lupus.org/resources/15-questions-kidney-issues-and-lupus1. Accessed July 26, 2016.

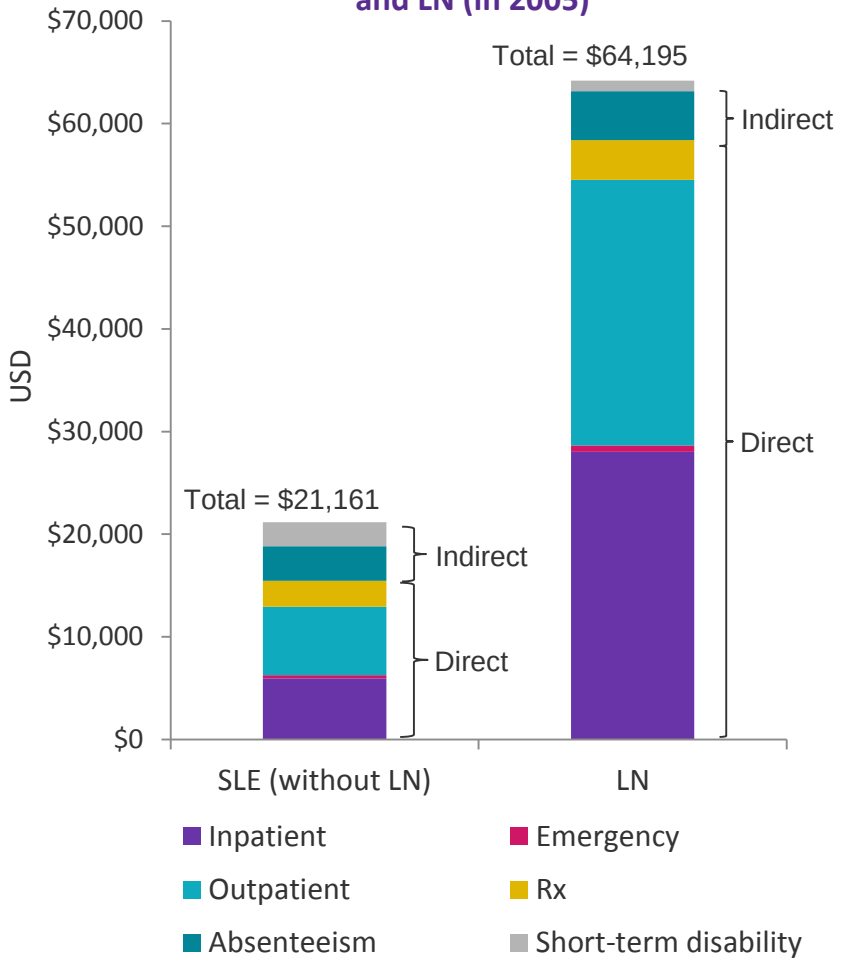
NO FDA OR EMA APPROVED LN THERAPIES

The Economic Burden of Patients Suffering from Lupus Nephritis Can Exceed $60K/year

Mean Annual Medical Costs Associated with Lupus with and without Nephritis [2]



Direct and Indirect Costs of SLE (without LN) and LN (in 2005) [1]



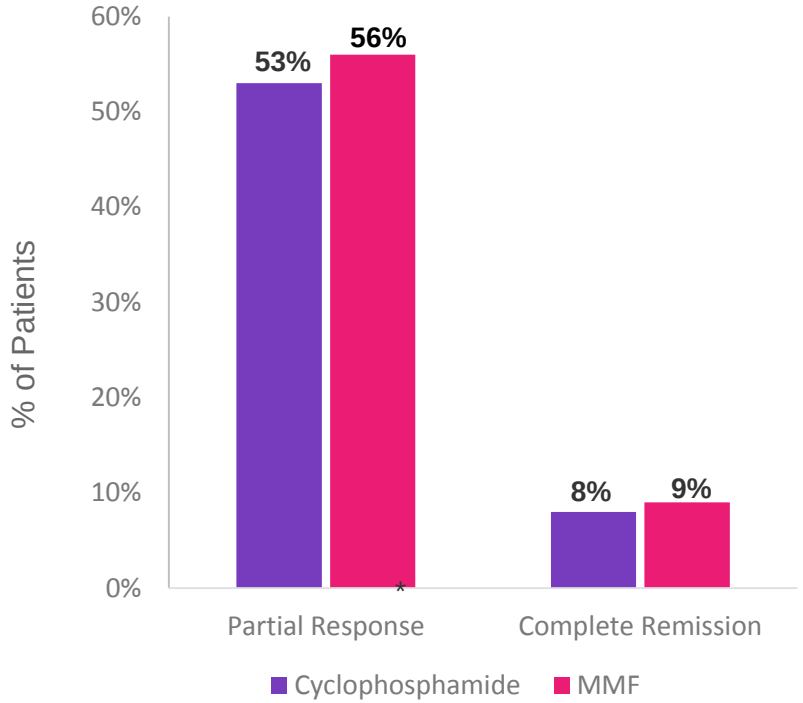
1. Li T, et al. *Arthritis Rheum*. 2009;61(6):755-763.

2. Carls et al., JOEM., Volume 51, No. 1, January 2009

MMF is SoC for LN: Major Unmet Need Remains

Despite use of mycophenoloate mofetil (MMF) or IVC, **majority of LN** patients **fail** to achieve **complete remission (CR), or renal response**

24 week Partial Response & Complete Remission Rates with Cyclophosphamide and MMF[2]



The American College of Rheumatology (ACR) recommends that intravenous cyclophosphamide (IVC) or MMF/CellCept® be used as **first-line immunosuppressive therapy** for LN[1]

Results of the Aspreva Lupus Management Study **(ALMS)** showed that the majority of patients **failed to achieve CR at 24 weeks** for both of these first-line therapeutics[2]

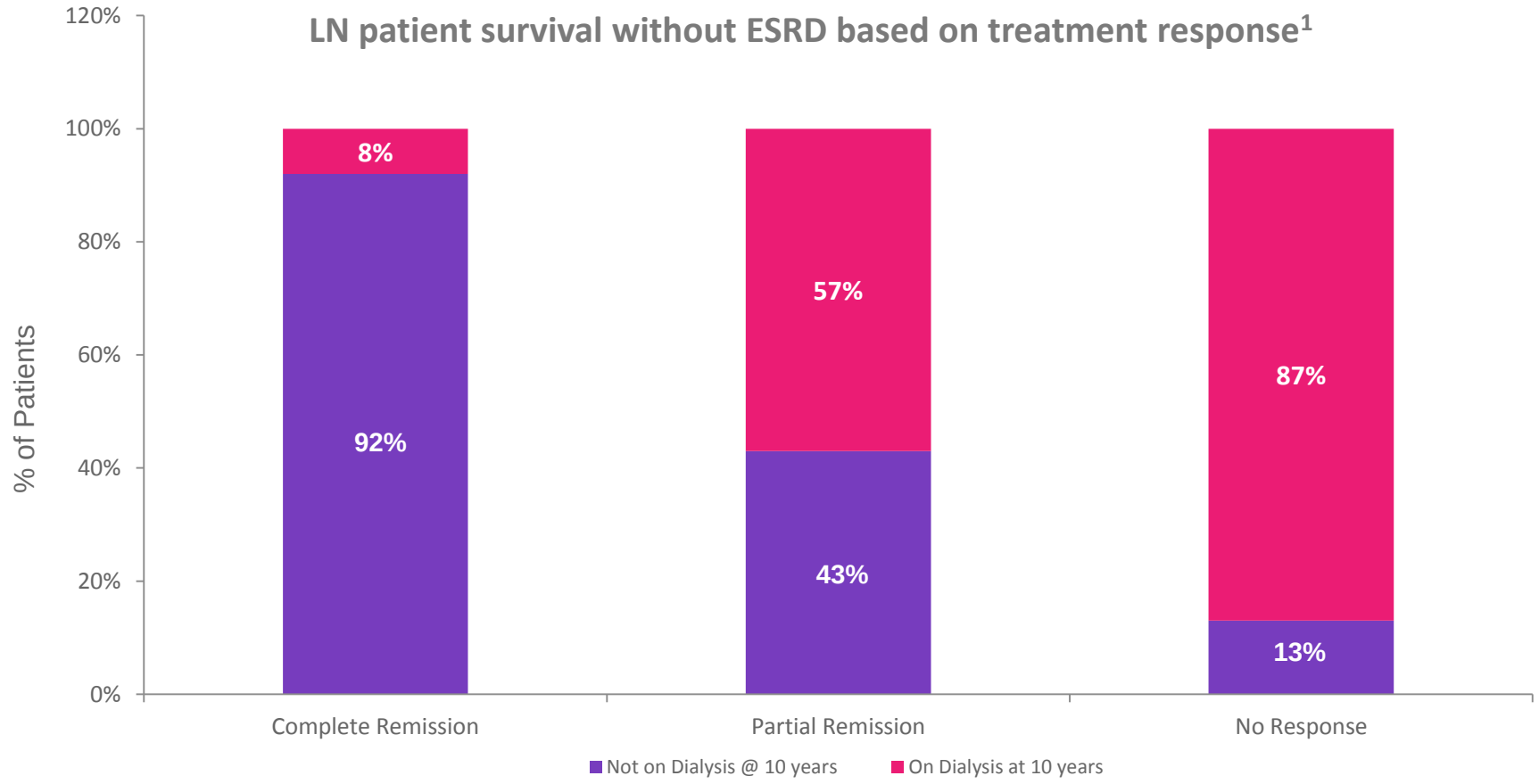
A better solution is needed to **improve renal response rates** for LN

*A decrease in urine protein/creatinine ratio (P/Cr) to <3 in patients with baseline nephrotic range P/Cr (≥3), or by ≥50% in patients with subnephrotic baseline P/Cr (<3).

1. Hahn BH, et al. *Arthritis Care Res (Hoboken)*. 2012;64(6):797-808.
2. Appel GB, et al. *J Am Soc Nephrol*. 2009;20(5):1103-1112

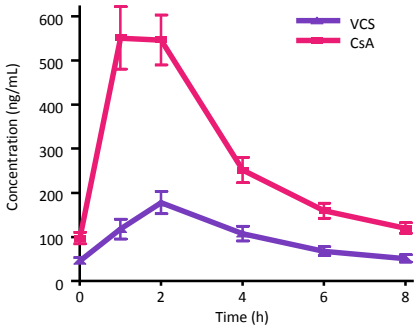
Proteinuria Correlates with Long-Term Outcomes

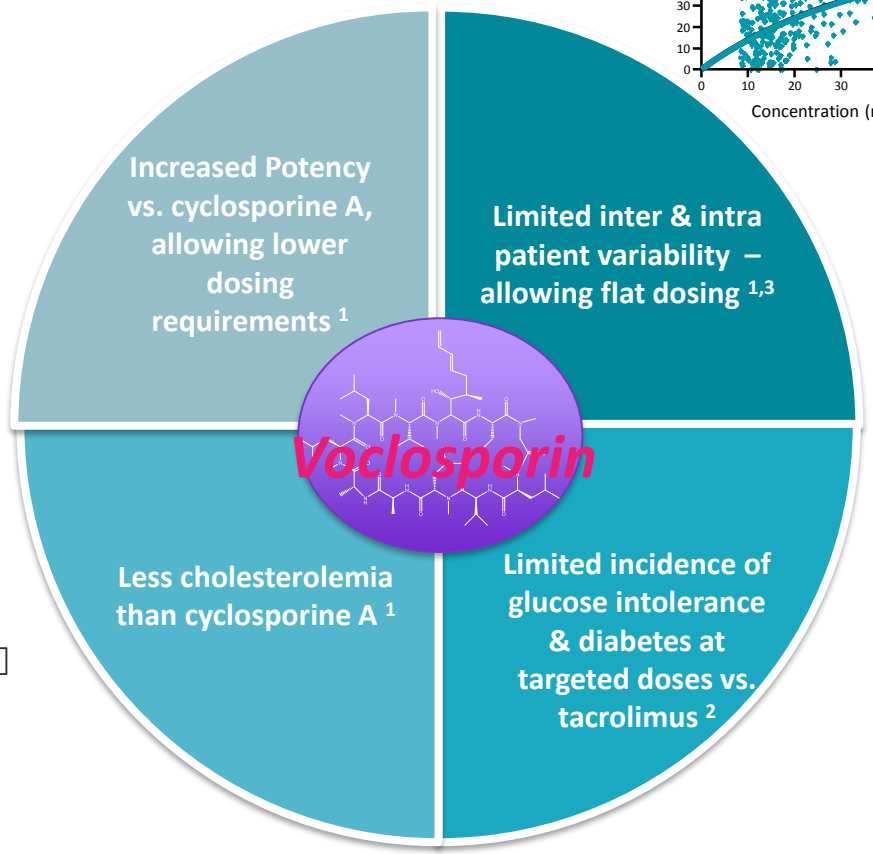
Rapid control & reduction of proteinuria in lupus patients may show a reduction in the need for dialysis[1]

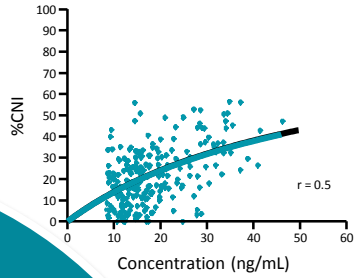


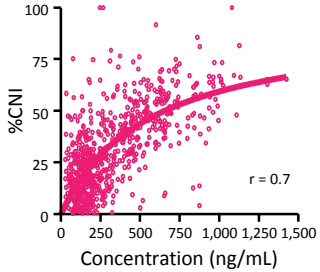
1. Chen YE, et al. Clin J Am Soc Nephrol. 2008;3(1):46-53. Response = 50% reduction in proteinuria; Remission = proteinuria <.33 g/24 hrs..

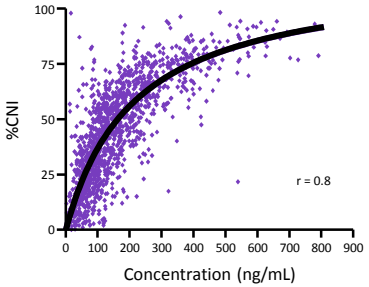
Our Solution - Voclosporin - Key Benefits [1,2,3]

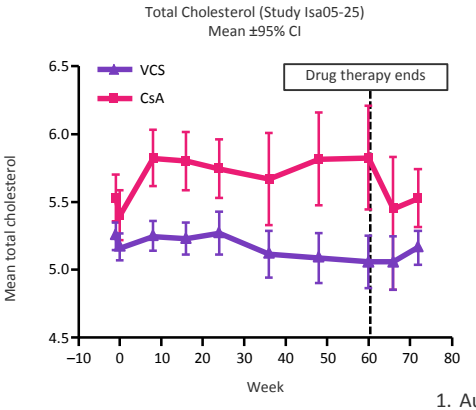


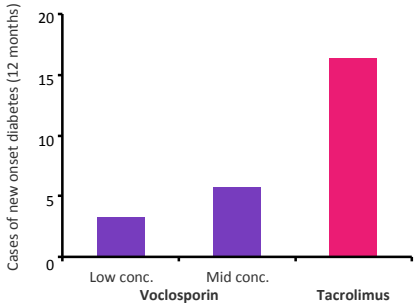






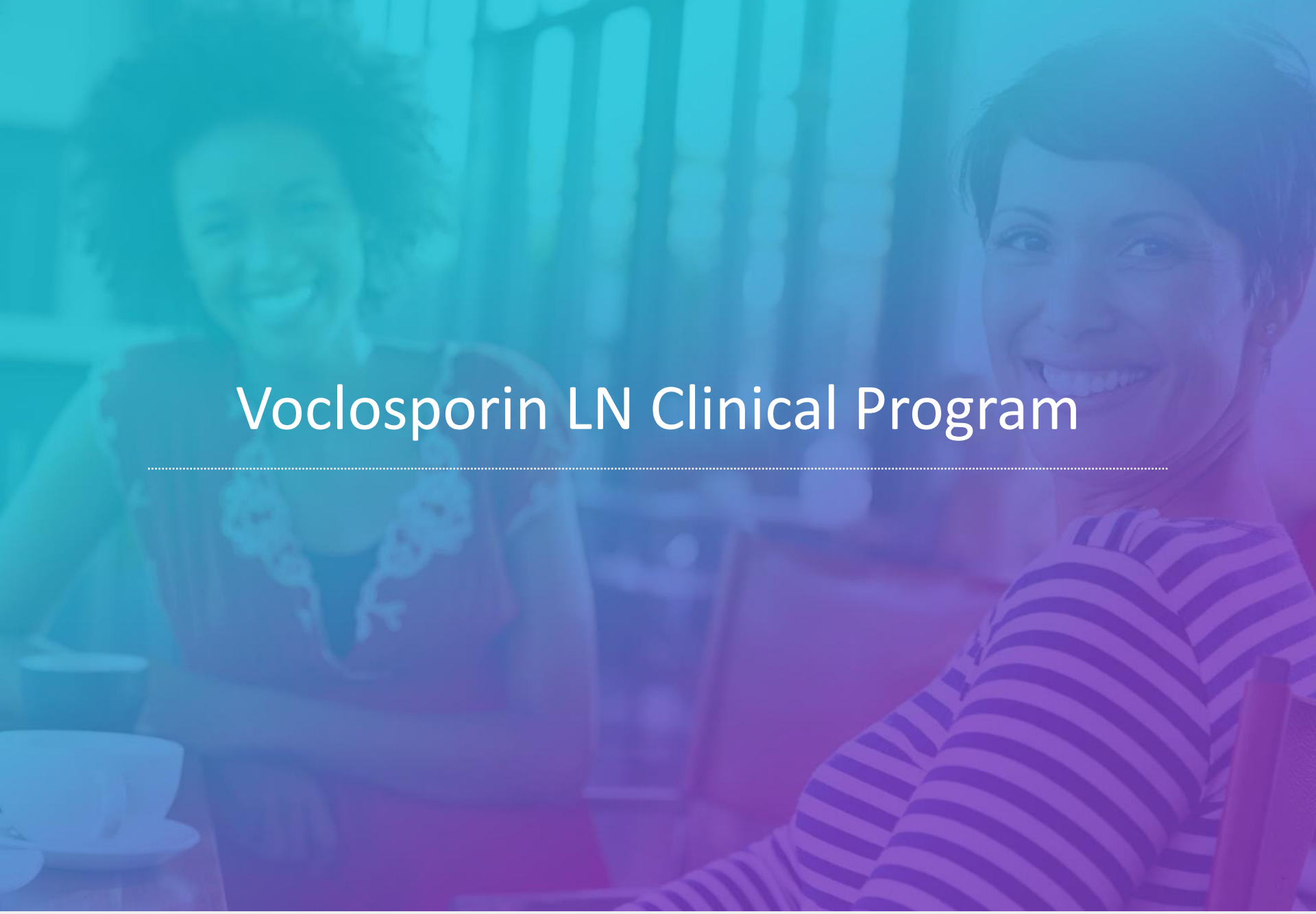






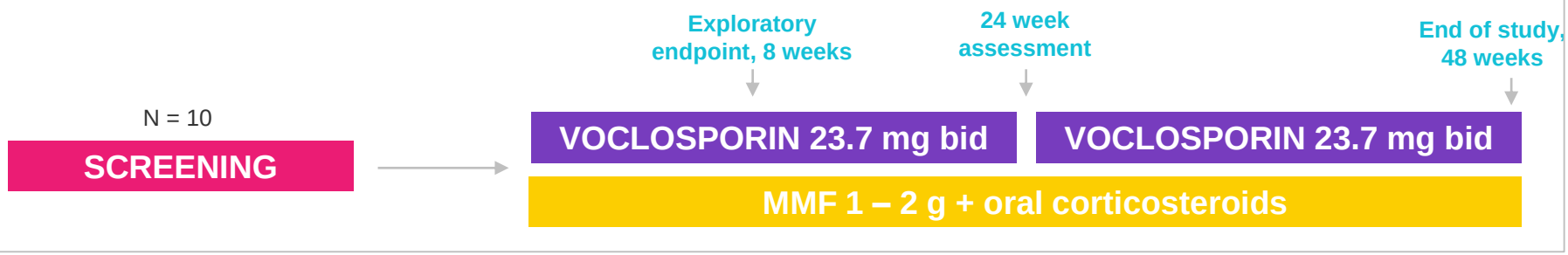
1. Aurinia Data on file
2. Busque S, et al. *Am J Transplant*. 2011;11(12):2675-2684 & AURA LV Data
3. AURA-LV Data on file

Voclosporin LN Clinical Program



AURION: Study Design

Single-arm, twin center exploratory study assessing predictive value of an early reduction in proteinuria in subjects receiving voclosporin (23.7 mg BID) + SoC in patients with active LN



Primary analysis:

Number of patients achieving each of the following biomarkers and the number of these patients who go on to achieve
week 24 or week 48 remission.

Biomarkers:

- 25% reduction in urinary protein creatinine ratio (UPCr) at 8 weeks
- C3 normalization at 8 weeks
- C4 normalization at 8 weeks
- Anti-dsDNA normalization at 8 weeks

Secondary analyses:

24, 48 week outcomes, markers of SLE, PK/PD voclosporin in LN subjects

C3, complement 3; C4, complement 4; anti-dsDNA, anti-double-stranded DNA.

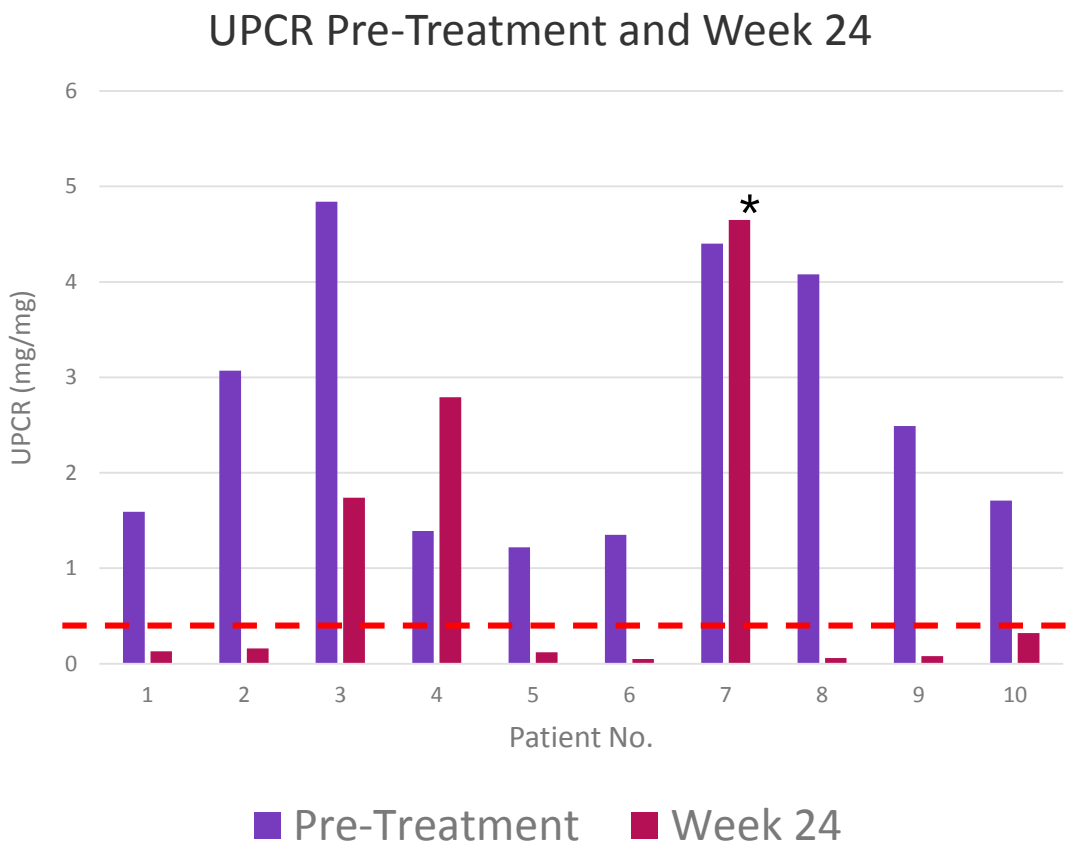
AURION: 24-week data

Data show rapid proteinuria reduction and induction of early remission

Mean proteinuria reduction at **24 weeks is 61%*^** using voclosporin as an add-on to SoC

70% (7/10) achieved **CR** at 24 weeks

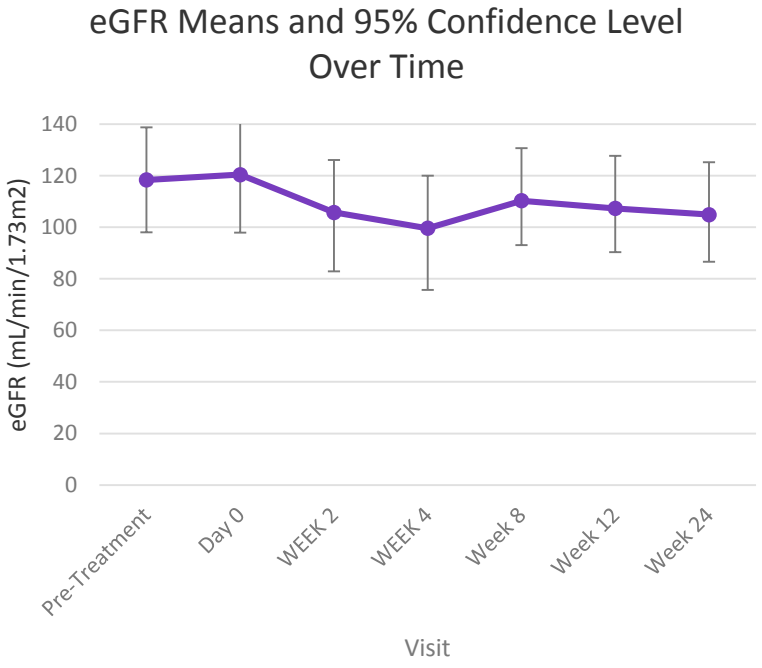
CR defined as a UPCr of ≤0.5 mg/mg, eGFR within 20% of baseline and concomitant steroid dose of ≤ 5 mg/day

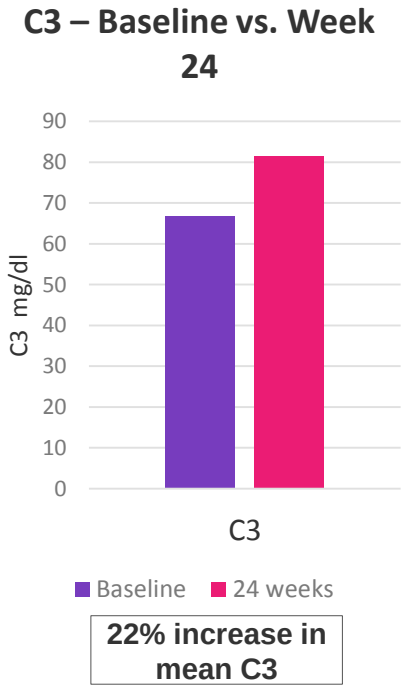


* LOCF 12 weeks. Subject withdrew from study at 12 weeks.

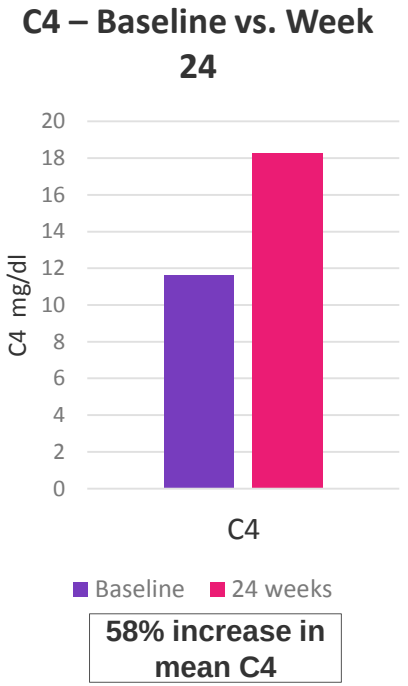
C3 & C4: Biomarkers of lupus renal flare

Improve After 24 Weeks* of Therapy, while Renal Function (CKD-EPI) Remains Stable





22% increase in mean C3



58% increase in mean C4

eGFR assessed through CKD-EPI formula

Renal function is stable (as measured by eGFR) throughout the treatment period

LN Inflammatory markers are positively impacted after 24 weeks of SoC with voclosporin

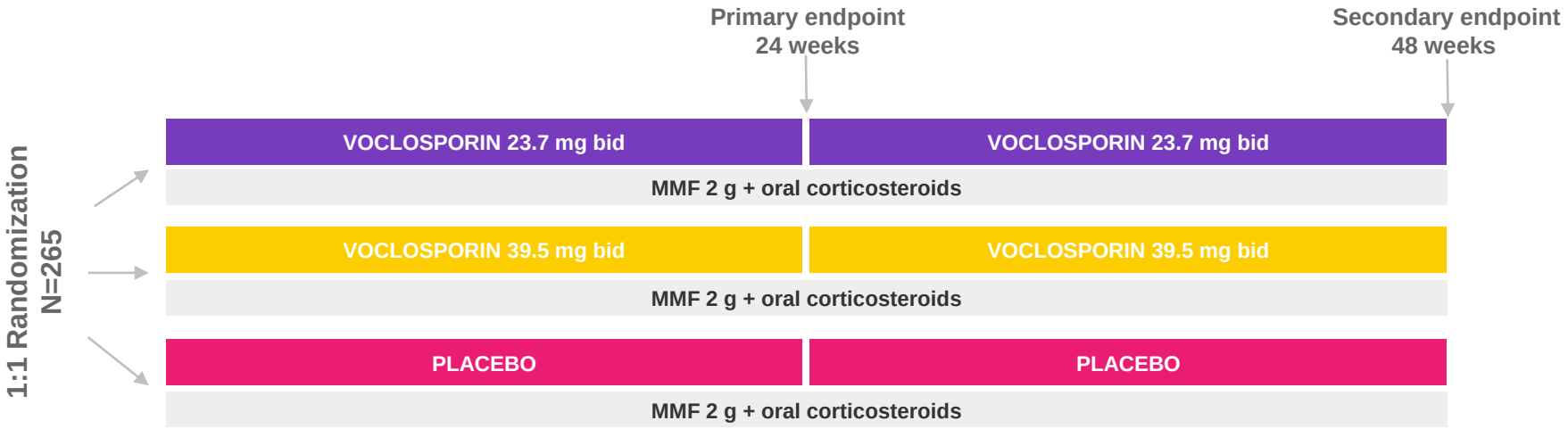
**LOCF for subject 7 – subject withdrew from study at 12 weeks.*

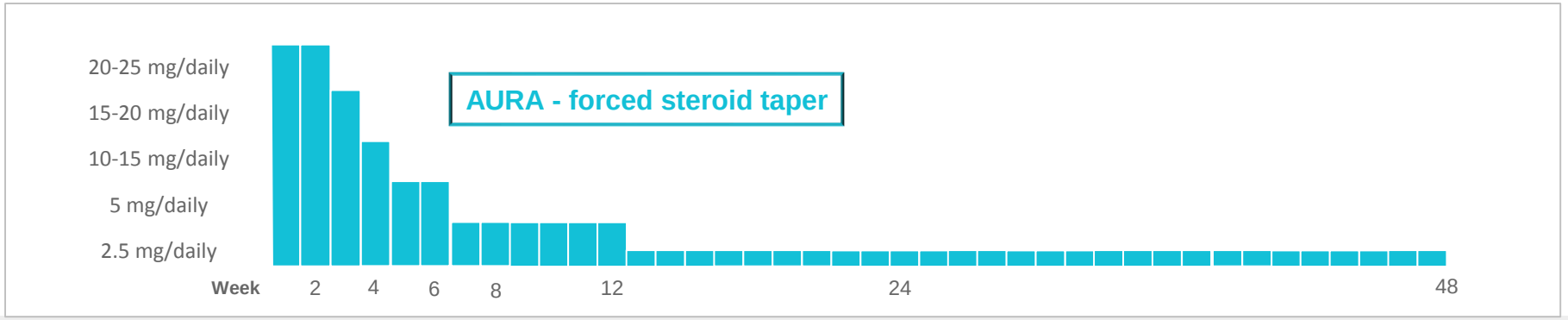
AURION: Conclusions

- Complete Remission rates improve over time—50% at 8 weeks; 70% at 24 weeks
- Supports voclosporin (23.7 BID) is the optimal dose for phase III program
- Renal function remains stable and inflammatory markers continue to normalize
- The AURION study is a supportive proof of concept study

AURA Study Design: Phase IIB

Study aims to demonstrate that voclosporin added to SoC can increase speed of remission & overall remission rates in the presence of extremely low steroids; Primary endpoint: 24-week data in Q3 2016





AURA Key Inclusion Criteria & Outcome Measures

KEY INCLUSION CRITERIA

Diagnosis of SLE according to ACR criteria	Biopsy proven LN [Class III, IV or Class V (alone or in combination w/Class III or IV)]	Proteinuria of ≥1.5 mg/mg OR ≥2 mg/mg*	**Indicative of highly active disease**

PRIMARY OUTCOME MEASURES

The proportion of subjects achieving complete remission (CR) at 24 weeks

CR is defined as: Confirmed urinary protein/creatinine ratio of ≤0.5 mg/mg	+	Normal, stable renal function (≥60 mL/min/1.73m^2 or no confirmed decrease from baseline in eGFR of ≥20%)
Presence of sustained, low dose steroids (≤10mg prednisone from week 16-24)		No administration of rescue medications

KEY SECONDARY OUTCOME

Partial Remission, Time to Remission, Time to Partial Remission, Durability of remission and extra-renal activity (SLEDAI) at 24 & 48 weeks

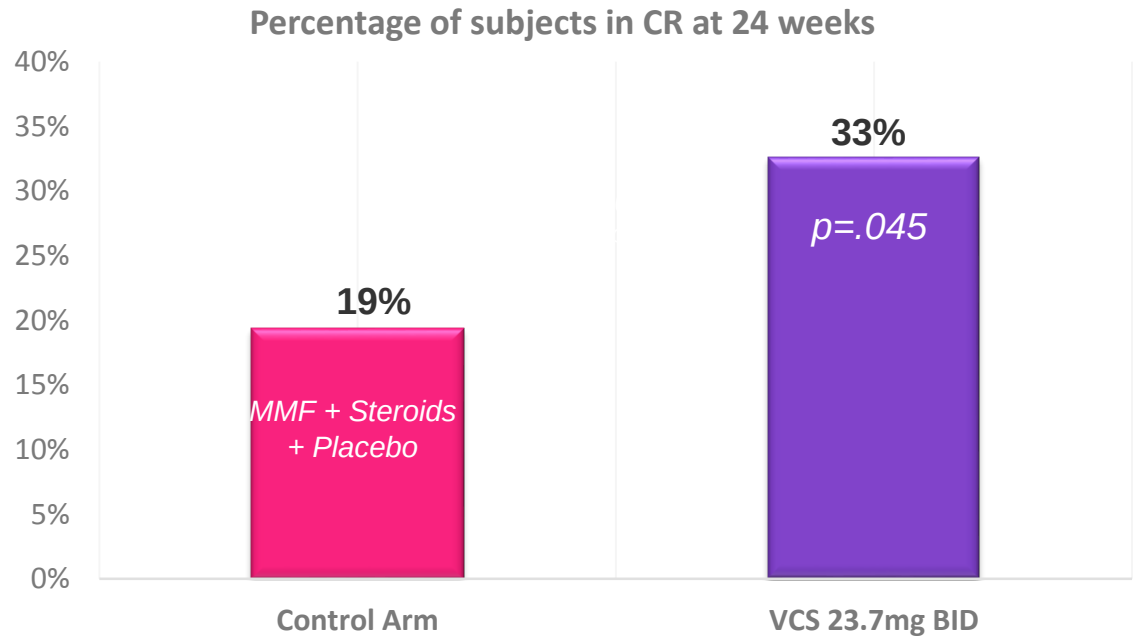
*≥2 mg/mg refers to Class V patients

AURA Top-Line Primary End-Point Results: *Complete Remission (CR)*

First therapeutic agent to meet primary endpoint in global clinical trial for active LN

PRIMARY OUTCOME MEASURES

33% of patients in **voclosporin arm achieved CR (*p=0.045*);** compared to **20% in control arm** - **Odds Ratio (95% CI) vs. Control = 2.03**



CR in AURA is a **composite end-point** which includes *efficacy, safety and low-dose steroids*

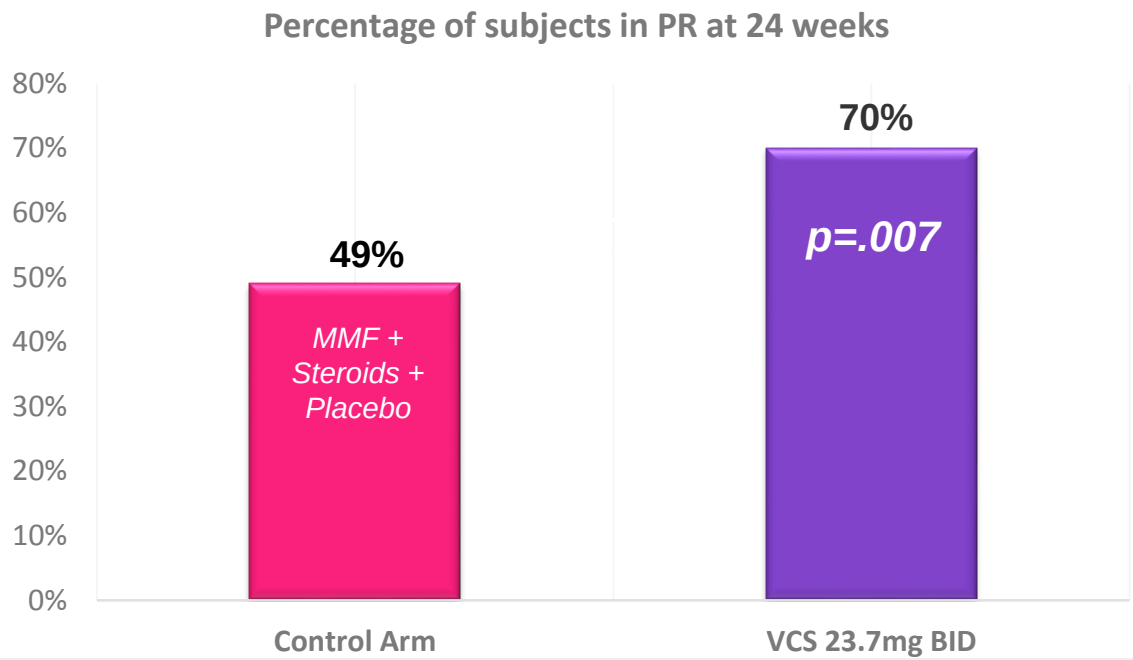
- UPCR ≤ 0.5mg/mg (confirmed)
- eGFR >60ml/min or within 20% of baseline
- Steroids ≤ 10mg/day
- No administration of rescue medication

AURA Top-Line Secondary End-Point Results: *Partial Remission (PR)*

First therapeutic agent to **achieve ALL 24 week pre-specified secondary endpoints*** in **global clinical trial for Active LN**

SECONDARY OUTCOME MEASURES

70% of patients in voclosporin treatment **arm achieved PR (*p=0.007*);** compared to **49% in control arm**
- **Odds Ratio (95% CI) (low-dose) vs. Control = 2.35**



PR in AURA is a **composite end-point** which includes *efficacy & safety*

- UPCR reduction of 50% from baseline
- No use of rescue medication

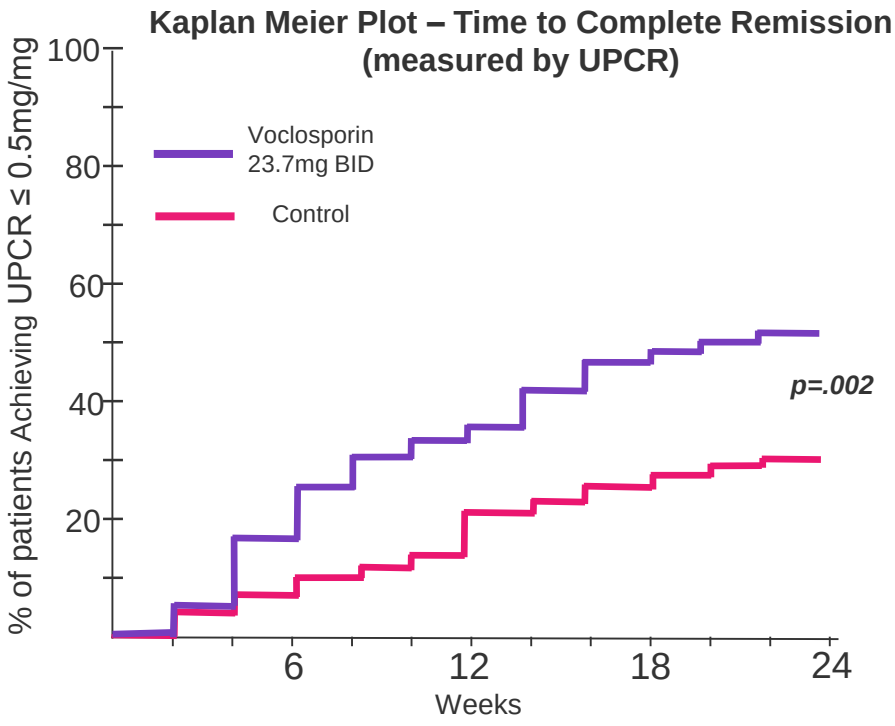
**No adjustment for multiple comparisons*

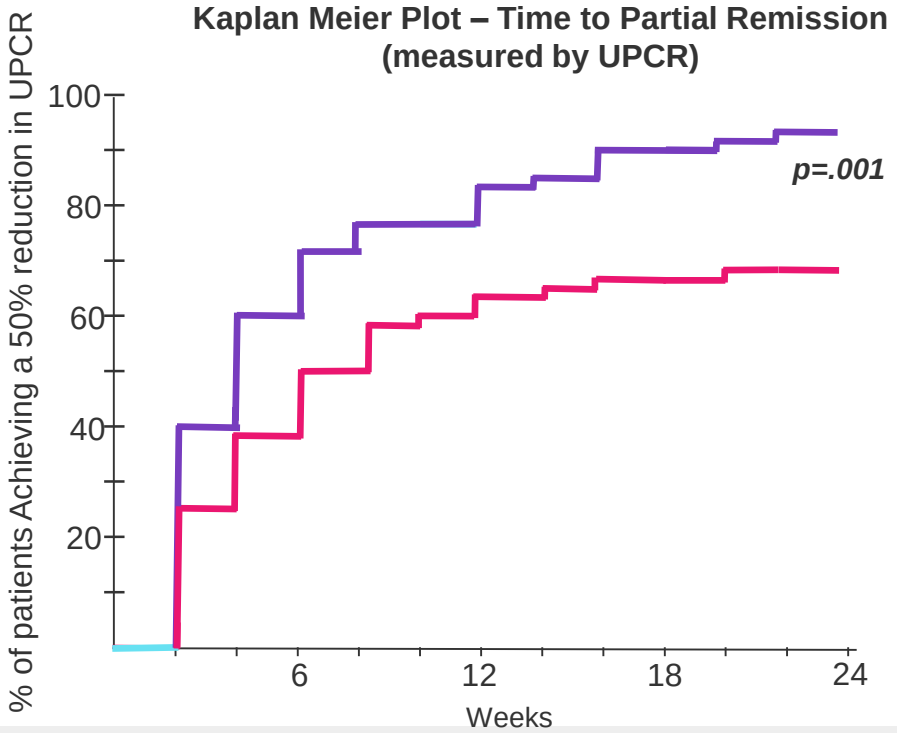
AURA Top-Line Secondary End-Point Results: *Time to CR & PR*

First therapeutic agent to **meet ALL 24 week pre-specified secondary endpoints** in **global clinical trial for Active LN**

SECONDARY OUTCOME MEASURES

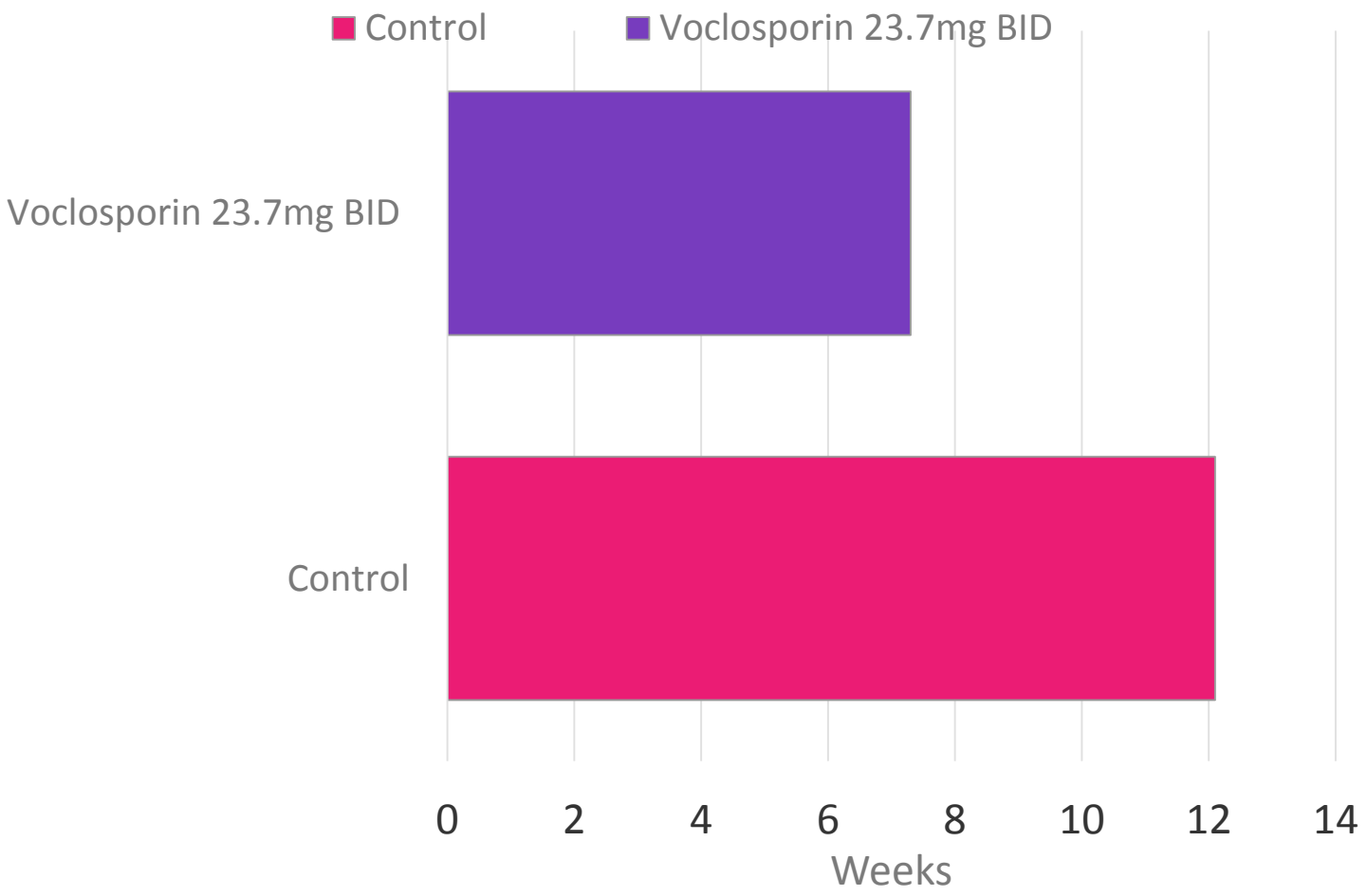
A **statistically significantly faster time to CR & PR** vs. patients in the control group





Post-Hoc Responder Analysis: Median Time to CR for those in CR

Voclosporin 23.7mg BID achieves CR significantly faster than control arm

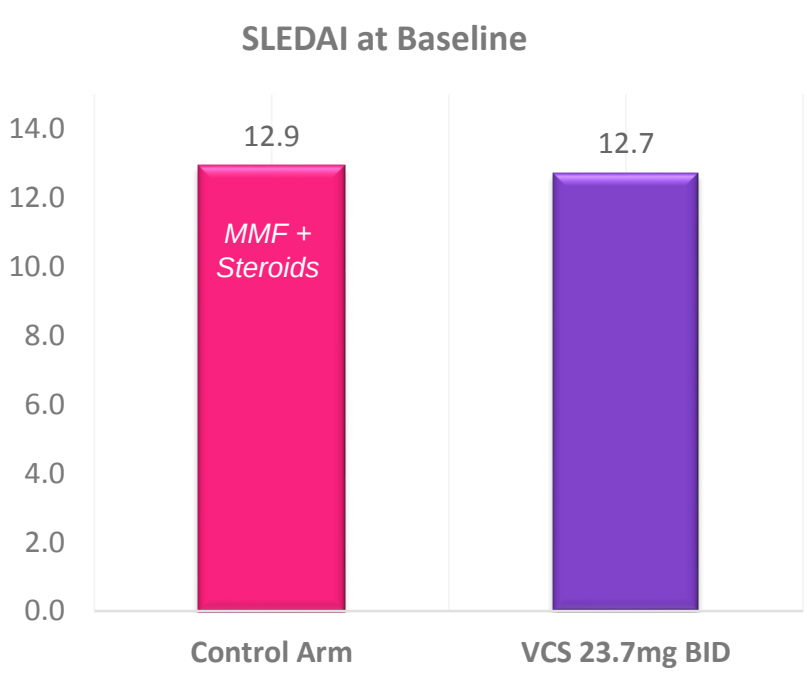


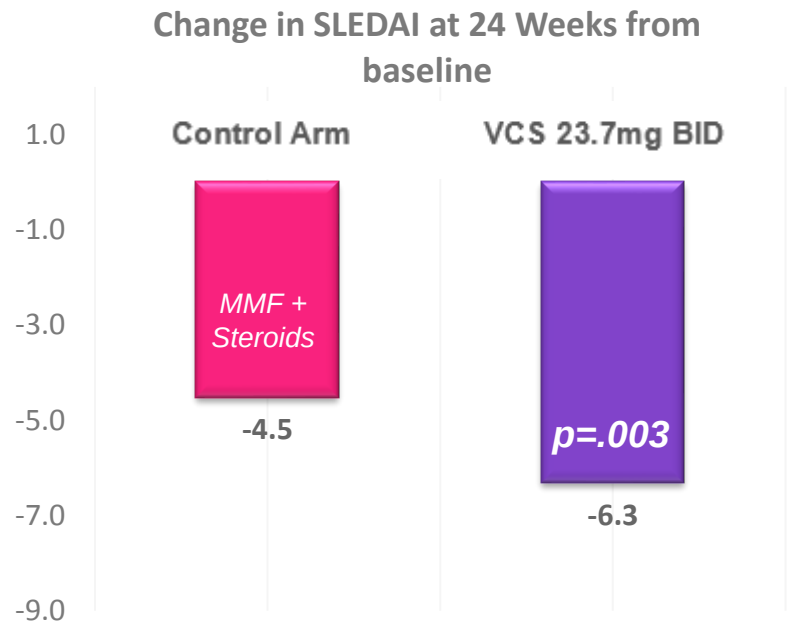
AURA-LV Top-Line Secondary End-Point Results: *SLEDAI Score*

First therapeutic agent to **meet ALL 24 week pre-specified secondary endpoints** in **global clinical trial for Active LN**

SECONDARY OUTCOME MEASURES

A **statistically significant improvement of SLEDAI score vs. baseline in volcosporin 23.7mg BID (*p<.01*)** vs. patients in the control group



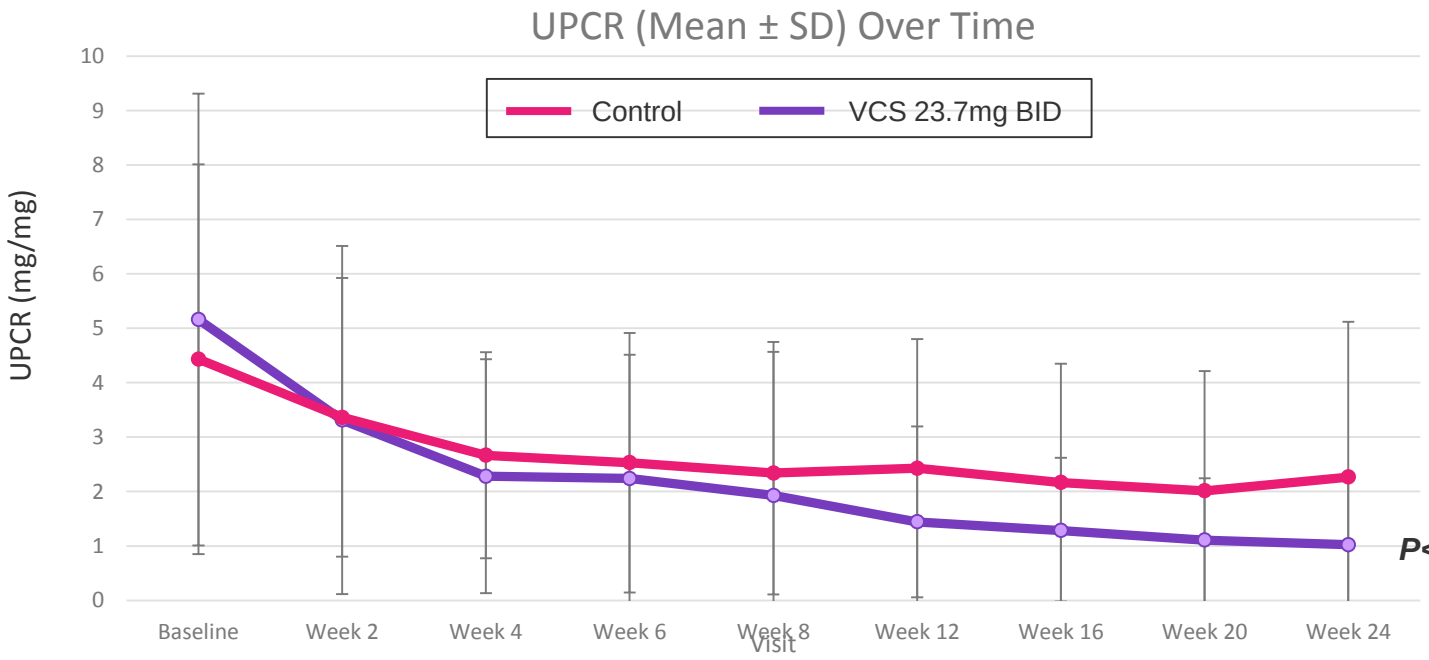


AURA Top-Line Secondary End-Point Results:
UPCR (mg/mg) (Mean ± SD) Over Time

First therapeutic agent to **meet ALL 24 week pre-specified secondary endpoints** in **global clinical trial for Active LN**

SECONDARY OUTCOME MEASURES

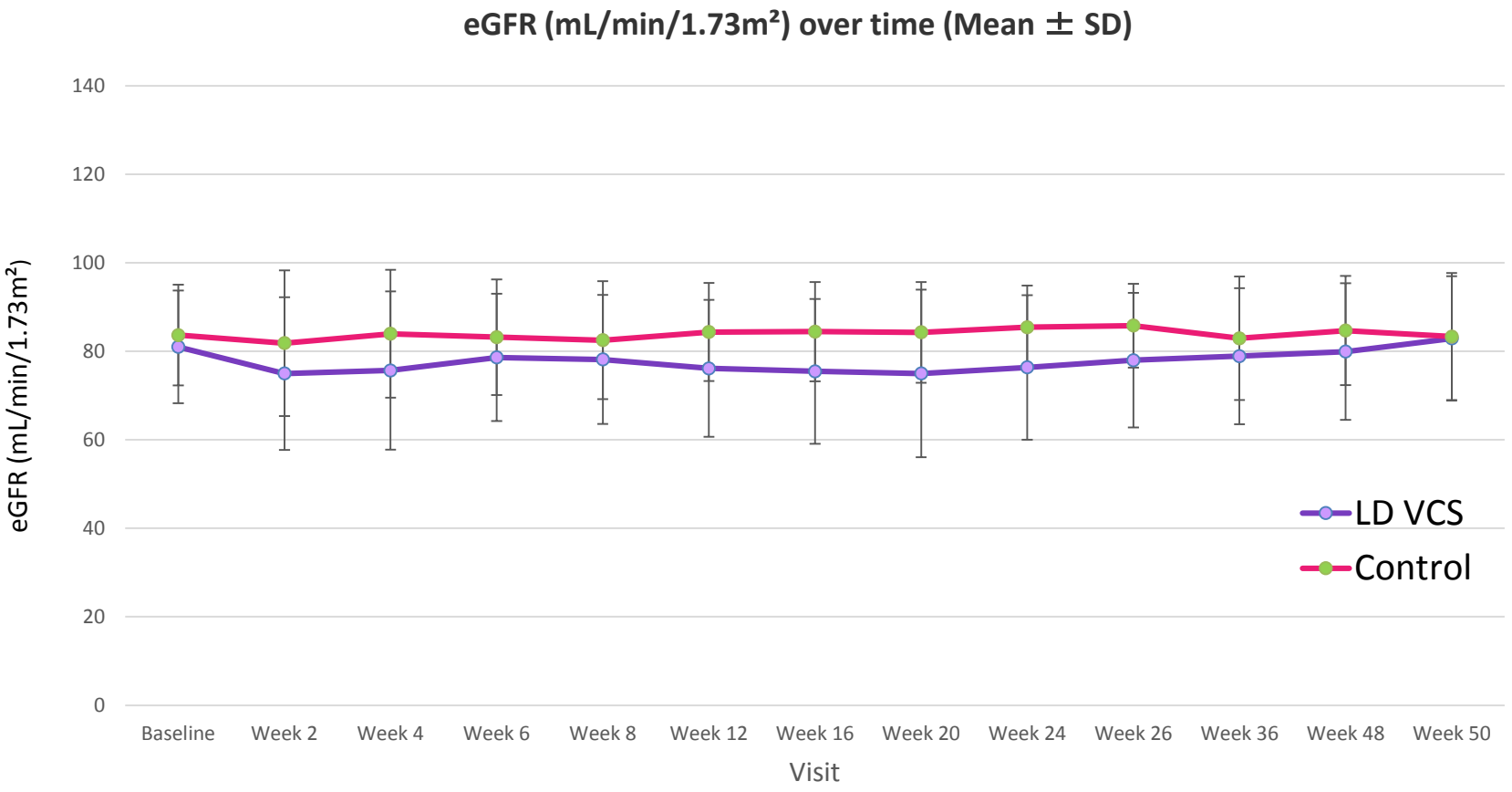
A **statistically significant reduction in UPCR from baseline for voclosporin 23.7mg BID arm** vs. patients in the control group



P<.001 *vs. control*

AURA: eGFR Renal Function Data

Renal function remains stable over time as measured by eGFR



AURA Top-Line 24 week Primary/Secondary End-Point Results

PRIMARY OUTCOME MEASURES

23.7mg BID voclosporin demonstrated:

- a **statistically significantly higher CR** vs. patients in the control group ***(p=.045)*** ✓

SECONDARY OUTCOME MEASURES

23.7mg BID voclosporin demonstrated a:

- **statistically significantly higher PR** (50% reduction in UPCR over baseline) ***(p=.007)*** ✓
- **statistically significantly faster time to CR** (UPCR ≤ 0.5mg/mg) ***(p=.002)*** ✓
- **statistically significantly faster time to PR** ***(p=.001)*** ✓
- **statistically significant reduction in UPCR** (both FMV & 24hr Urine) ***(p<.01)*** ✓
- **statistically superior reduction in SLEDAI** ***(p=.003)*** ✓

AURA Safety Summary

No new safety signals were observed with the use of voclosporin in LN patients; voclosporin was well-tolerated & renal function remained stable

The **overall safety** profile is **consistent** with other immunomodulators

In previous studies, > 2000 patients have been treated with voclosporin with no abnormal or unexpected SAE's—this remains the case upon review of the AURA data

13 deaths have been reported in the **AURA study**: **pattern is consistent** with other **global Active LN studies**[1,2,3]

11 of 13 deaths occurred at sites with **compromised access to SoC;** patients who died had a statistically different clinical baseline picture, demonstrating a more severe form of LN, potential comorbid conditions & poor nutrition

The Drug Safety Monitoring Board continues to meet on a regular basis & provides recommendations on study protocol/conduct.
The AURA study remains ONGOING to its 48 week secondary endpoints

1 Furie R. et al., Arthritis and Rheumatology, Vol. 66, No 2, February 2014
2 Appel GB, et al. *J Am Soc Nephrol.* 2009;20(5):1103-1112 – Aspreva Lupus Management Study (Induction)
3.My*sler, E. et al., Arthritis and Rheumatixm, Vol. 65, No 9, September 2013, 2368-2379*

Historical Safety & Mortality Rate across Global LN Trials

AURA is consistent with other Global LN Trials in terms of safety & mortality

	AURA-LV[4] VCS High N = 88 VCS Low N = 89 MMF N = 88 *(to Dec 18th/16)*	ALMS Induction[2] MMF N = 184 IVC N = 180	Abatacept Study[1] MMF N = 100 ABT H N = 99 ABT L N = 99 Marketed as: ORENCIA™	Ocrelizumab Study[3] MMF/EULN N = 125 ABT H N = 127 ABT L N = 126
SAE's, Subjects, n (%)	**Overall = 59 (22.3%)** VCS High = 22 (25.0) VCS Low = 23 (25.9) MMF = 14 (15.9)	**Overall = (25.3%)** MMF = 51 (27.7) IVC = 41 (22.8)	**Overall = 92 (30.9%)** MMF = 31 (31.0) ABT H = 33 (33.3) ABT L = 28 (28.3)	**Overall = 107 (28.3%)** MMF/EULN = 34 (27.2) OCR H = 28 (22.0) OCR L = 45 (35.7)
Serious Infections, Subjects n (%)	**Overall = 29 (10.9%)** VCS High = 11 (12.5) VCS Low = 11 (12.4) MMF = 7 (8.0)	**Overall = (10.9%)** MMF = 22 (12.0) IVC = 18 (10.0)	**Overall = 58 (19.5%)** MMF = 17 (17.0) ABT H = 23 (23.2) ABT L = 18 (18.2)	**Overall = 64 (16.9%)** MMF/EULN = 18 (14.4) OCR H = 19 (15.0) OCR L = 27 (21.4)
Deaths, Subjects, n (%)	**Overall = 13 (4.9%)** MMF = 1 (1.1) VCS Low = 10 (11.2) VCS High = 2 (2.3)	**Overall = 14 (3.8%)** MMF = 9 (4.9) IVC = 5 (2.8)	**Overall = 14 (4.7%)** MMF = 7 (7.0) ABT H = 5 (5.1) ABT L = 2 (2.0)	**Overall = 14 (3.7%)** MMF/EULN = 6 (4.8) OCR H = 5 (3.9) OCR L = 3 (2.4)

1.Furie R. et al., Arthritis and Rheumatology, Vol. 66, No 2, February 2014
2. Appel GB, et al. *J Am Soc Nephrol*. 2009;20(5):1103-1112 – Aspreva Lupus Management Study (Induction)
3.Mysler, *E. et al., Arthritis and Rheumatism, Vol. 65, No 9, September 2013, 2368-2379*
4. AURA-LV Study results – Aurinia data on file

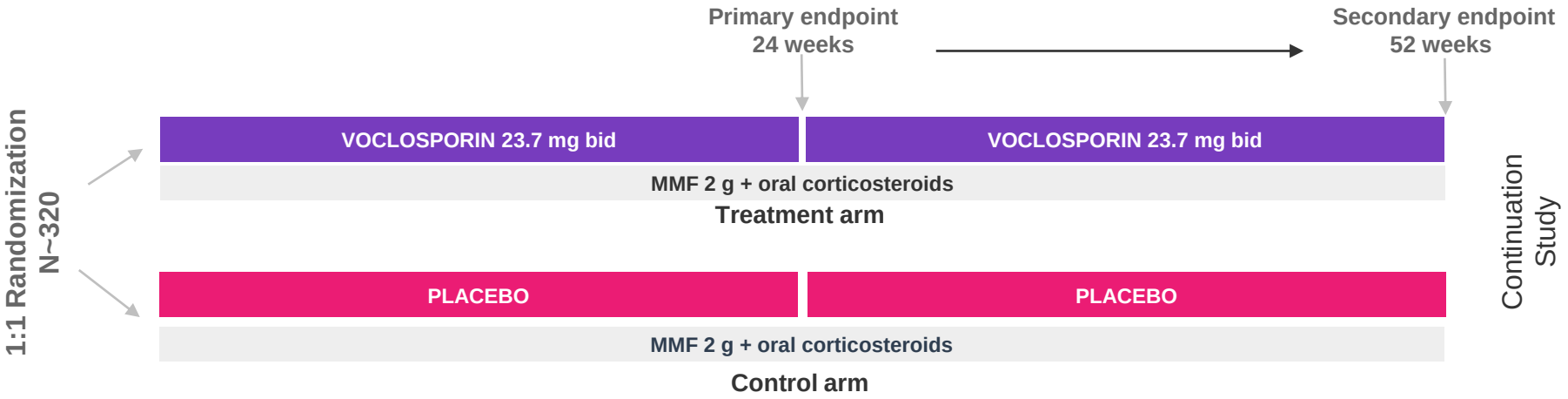
Post AURA Regulatory Interactions

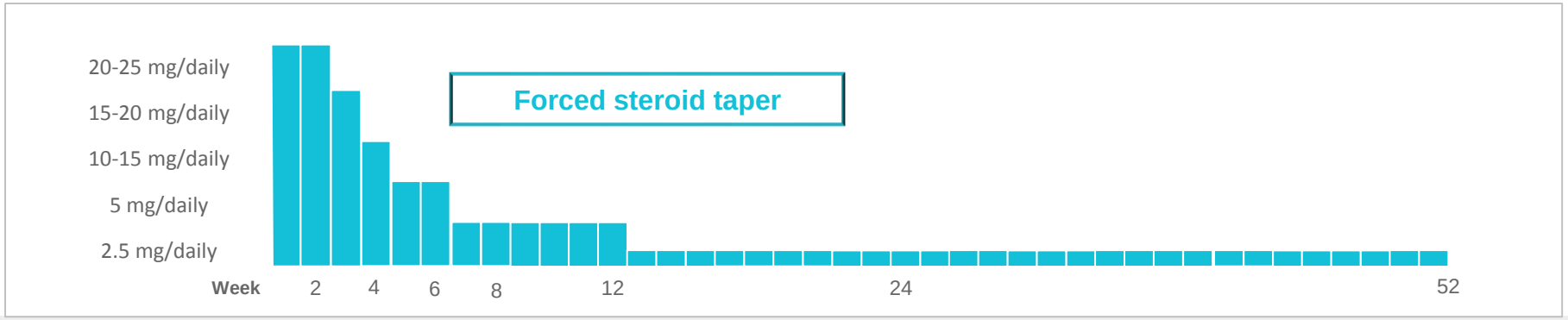
Overview of Regulatory discussions

- Voclosporin has Fast-track designation
- Comprehensive safety and efficacy package submitted and reviewed by the Division of Pulmonary, Allergy & Rheumatology at FDA
- FDA preference is ONE phase III double-blind placebo controlled 52-week study
- Engaging with the EMA and PMDA to lay out development plan in those jurisdictions

AURORA Study Design: Phase III

52-week global double-blind placebo controlled study to demonstrate that voclosporin added to SoC can increase overall renal response rates in the presence of extremely low steroids;
Primary endpoint: Renal response (or CR) at 24 weeks – available after unblinding at 52 weeks





AURORA vs. AURA Key Inclusion Criteria

KEY INCLUSION CRITERIA

AURA-LV Phase IIB	AURORA Phase III
Diagnosis of SLE according to ACR criteria	Diagnosis of SLE according to ACR criteria
Kidney biopsy within 6 months of study entry confirming histologic diagnosis of LN	Kidney biopsy **within 24 months^** of study entry confirming histologic diagnosis of LN
Biopsy proven LN [Class III, IV or Class V (alone or in combination w/Class III or IV)]	Biopsy proven LN [Class III, IV or Class V (alone or in combination w/Class III or IV)]
Proteinuria of ≥1.5 mg/mg OR ≥2 mg/mg*	Proteinuria of ≥1.5 mg/mg OR ≥2 mg/mg*

The AURA Phase IIB and the AURORA phase III study have nearly identical inclusion criteria, but lengthened biopsy requirement should facilitate improved study recruitment in the United States

*≥2 mg/mg refers to Class V patients; ^For Class II & IV when accompanied by laboratory evidence of active disease within 6 months

AURORA vs. AURA Primary Outcome Measures

PRIMARY OUTCOME MEASURE

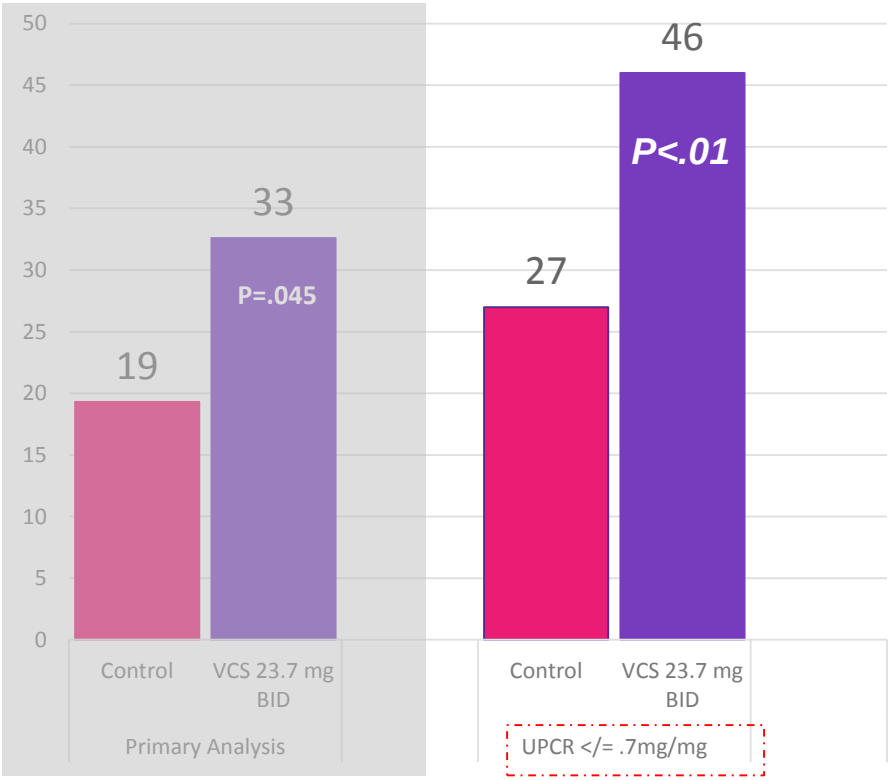
AURA Phase IIB	AURORA Phase III
Complete Remission is defined as: Urinary protein/creatinine ratio (UPCR) of ≤0.5 mg/mg	**Renal Response** is defined as: Urinary protein/creatinine ratio (UPCR) **of ≤0.7 mg/mg**
+	+
Normal, stable renal function (≥60 mL/min/1.73m^2 or no confirmed decrease from baseline in eGFR of >20%)	Normal, stable renal function (≥60 mL/min/1.73m^2 or no confirmed decrease from baseline in eGFR of >20%)
+	+
Presence of sustained, low dose steroids (≤10mg prednisone from week 16-24)	Presence of sustained, low dose steroids (≤10mg prednisone from week 16-24)
+	+
No administration of rescue medications	No administration of rescue medications

The AURA Phase IIB and the AURORA phase III study have nearly identical primary end-points, however the UPCR .7mg/mg provides improved discrimination vs control

AURA Post-hoc Subset Analysis: *UPCR ≤.7mg/mg*

Recent data suggests that utilizing .7mg/mg as a component of measuring CR may be superior to utilizing .5mg/mg when correlating CR to long-term outcomes – Renal Survival[1,2]

Subset analysis of AURA using UPCR ≤.7mg/mg



Comparative Statistical Analysis using the two UPCR levels (from AURA ~90 patients per arm)

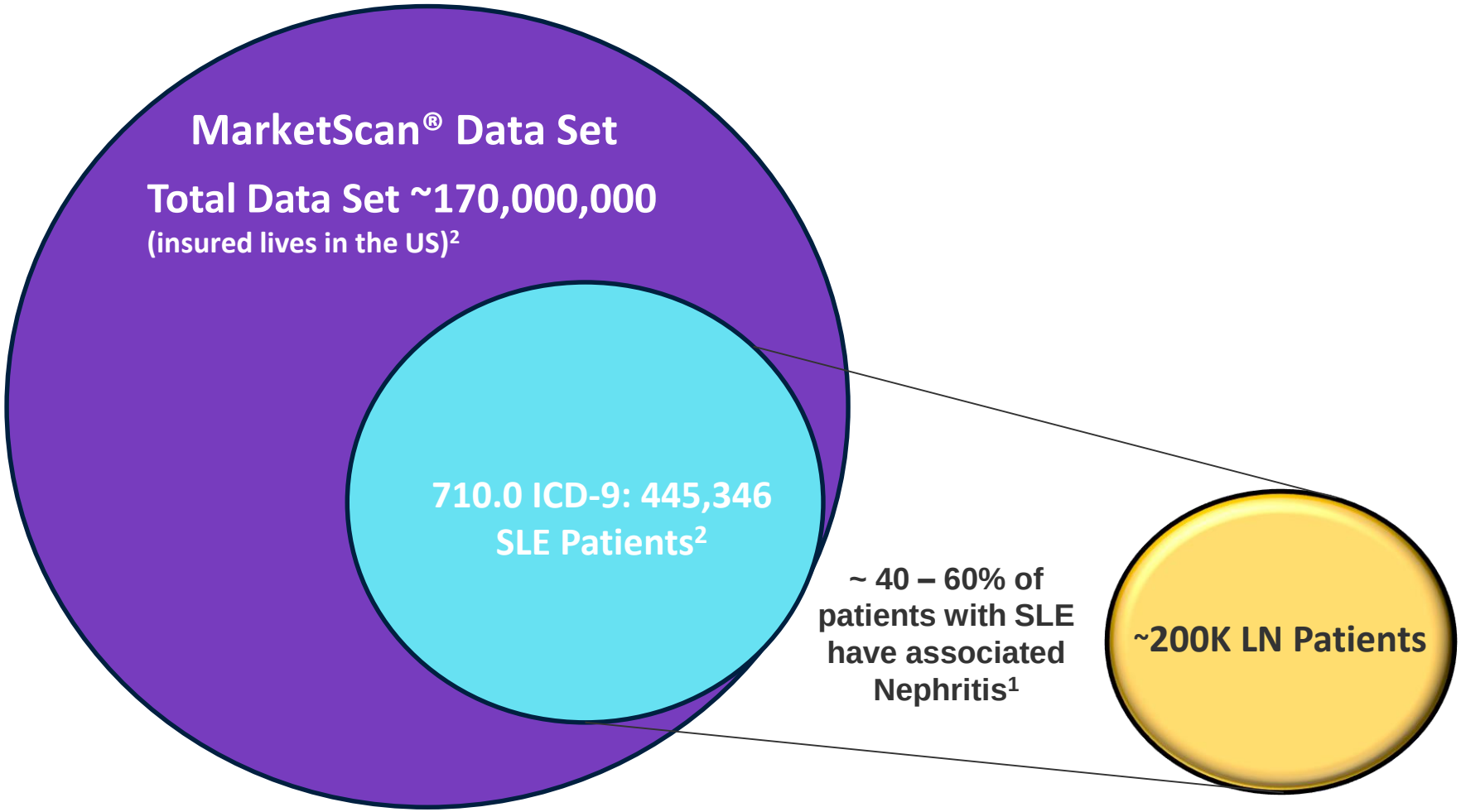
	Using .5mg/mg	Using .7mg/mg
P-Value	.045	**<.01**
ODDs Ratio	2.03	**2.28**

[1]Tamirou F,Lauwerys BR, Dall'Era M,et al. A proteinuria cut-off level of 0.7 g /day after 12 months of treatment best predicts long-term renal outcome in lupus nephritis: data from the MAINTAIN Nephritis Trial. Lupus Science & Medicine 2015;2

[2]Dall'Era et al. Predictors of long term outcomes in lupus nephritis Trials. Arthritis and Rheumatology, 67: 1305–1313

LN Commercial Considerations

SLE & LN patients in the US



1 NIDDK, *Lupus Nephritis*. https://www.niddk.nih.gov/health-information/health-topics/kidney-disease/lupus-nephritis/Pages/index.aspx. Accessed July 26, 2016.
2 The MarketScan® Research Databases, Truven Health Analytics, http://truvenhealth.com/your-healthcare-focus/analytic-research/marketscan-research-databases. Data as of July 2016.

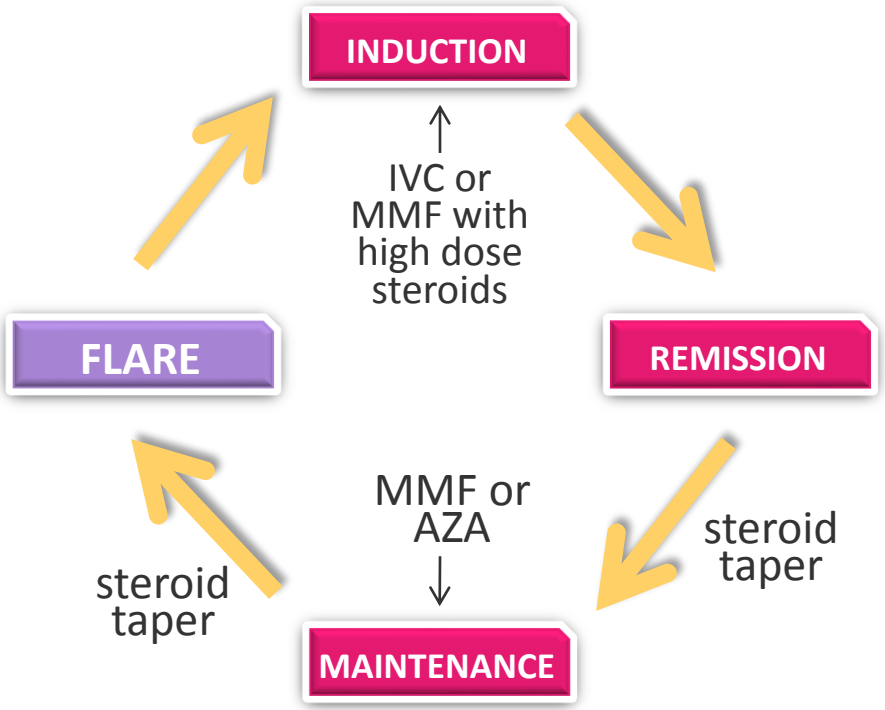
Commercial Prospects for Voclosporin

Treated LN Population*	 **125 – 200K**	 **175 – 250K**	
Quality of diagnosis by referring physicians*	In US and EU, 1 in 5 lupus nephritis patients are thought to be undiagnosed due to referring physicians being inefficient and inaccurate in diagnosing the condition.		
Current proportion of controlled vs uncontrolled pts*	**Controlled**	**Poorly controlled**	**Active disease**
	Maintenance  **Induction**		When surveyed, physicians would use this product for both maintenance and induction phases
	58%	**25%**	**17%**
Frequency of visit*	**Every 3 months**	**Every 1-2 months**	**> Once a month**
Current treatment*	Hydroxychloroquine, MMF, and steroids are most commonly used in the largest shares of patients.		
Satisfaction*	Only 18% of physicians were very satisfied or extremely satisfied with currently available therapies ability to achieve a CR within 6 months		

**Aurinia market research conducted in 2016 with ~700 Rheumatologists and Nephrologist across Europe and the United States*

LN Cycle of Disease Process & Flare Rates*

Destructive Cycle of Lupus Nephritis



Frequency of LN Flares*

	Rheumatologists & Nephrologists Surveyed
Mean Frequency of LN Flare	~ every 14 months

**Aurinia market research conducted in 2016 with ~700 Rheumatologists and Nephrologist across Europe and the United States*

Voclosporin—Potential to Address LN Critical Need

LN Critical Need	**Voclosporin** (based on AURA Results)
Control of Active Disease	✓
Rapid Disease Control	✓
Lower Steroid Burden	✓
Impact on Extra-renal disease	✓
Convenient Treatment Regimen	✓

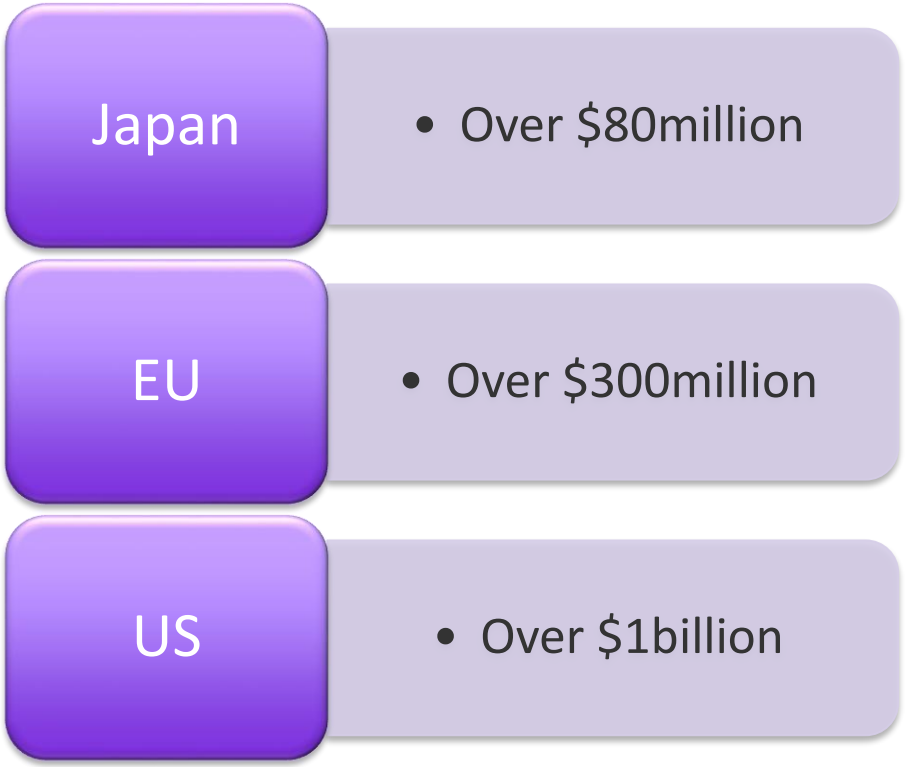
Potential Peak Sales by Market

Initial estimates of Voclosporin peak sales yield global opportunity in excess of $1billion

Japan population and competitive market offers smaller opportunity

EU population likely larger than US however pricing opportunity is more limited

- US market will provide most opportunity
- Population, pricing potential and physician adoption of treatment support strong sales prospects



Upcoming Milestones

Q4 2016

FDA End of Phase II Meeting ✓

Q4 2016

ACR Scientific Meeting Abstracts – LATE BREAKER ✓

Q4 2016

ASN Scientific Meeting Abstracts – LATE BREAKER ✓

Q4 2016/Q1 2017

Ongoing Global Regulatory Interactions

Q1 2017

AURA-LV 48 week results

Q2 2017

AURION 48 week results

Q2 2017

Initiation of Phase III program - AURORA

Investment Summary

MANAGEMENT WITH TRACK RECORD OF INDUSTRY SUCCESS & EXTENSIVE EXPERTISE IN LN

SOLID EFFICACY AND SAFETY PACKAGE

>2,000 patients treated with voclosporin to date (across indications) → well-characterized safety profile

Positive PoC and Phase IIB data from AURA show efficacy in Multiple Dimensions

Positive interactions with multiple regulatory authorities

Only one Phase III clinical trial required by the FDA prior to a NDA submission

LARGE AND WELL-DEFINED MARKET OPPORTUNITY >$1B

LN has significant unmet medical need with an extremely high pharmaco-economic burden

LN patients appear to be readily available for advanced treatments and easily identified by specialty treaters

FDA FEEDBACK – ONE MORE PHASE III NEARLY IDENTICAL TO AURA

THANK YOU

Aurinia Pharmaceuticals

#1203-4464 Markham Street • Victoria BC V8Z 7X8
www.auriniapharma.com