Aurinia™

Corporate Presentation

February 2023

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 estimates as to its unaudited net revenues and product revenues from LUPKYNIS®; Aurinia's estimates for the number of patients on LUPKYNIS therapy and for the number of patient start forms received in all or part of 2022; Aurinia's estimate of net product revenue for 2023 from sales of LUPKYNIS in the United States of $120m-$140m; the estimated patient population for lupus nephritis; the results of Aurinia's clinical trials; Aurinia's commercialization strategy; and timing for IND filings and clinical activities for AUR200 and AUR300. 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 adherence to 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; the relationship between COVID vaccinations and patient treatment; 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 the COVID-19 pandemic on our business operations including nonclinical, clinical, regulatory and commercial activities; the results from our clinical studies and from third party studies and reports may not be accurate; the future prospects for AUR200 and AUR300 may not be as Aurinia has anticipated, or Aurinia may not be able to fully capitalize on the opportunities presented by AUR200 and AUR300; 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.sedar.com or the U.S. Securities and Exchange Commission's Electronic Document Gathering and Retrieval System (EDGAR) website at www.sec.gov/edgar

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 January 2021 with ~$103.5 million in net product revenue YE 2022*
- **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
- **Emerging pipeline** in autoimmune and inflammatory disease with proven science; synergistic to organizational and commercial capabilities
- **Strong balance sheet** with ~$390 million* in cash, cash equivalents, and investments, no debt; targeting 2023 net product revenue range from $120 to $140 million**

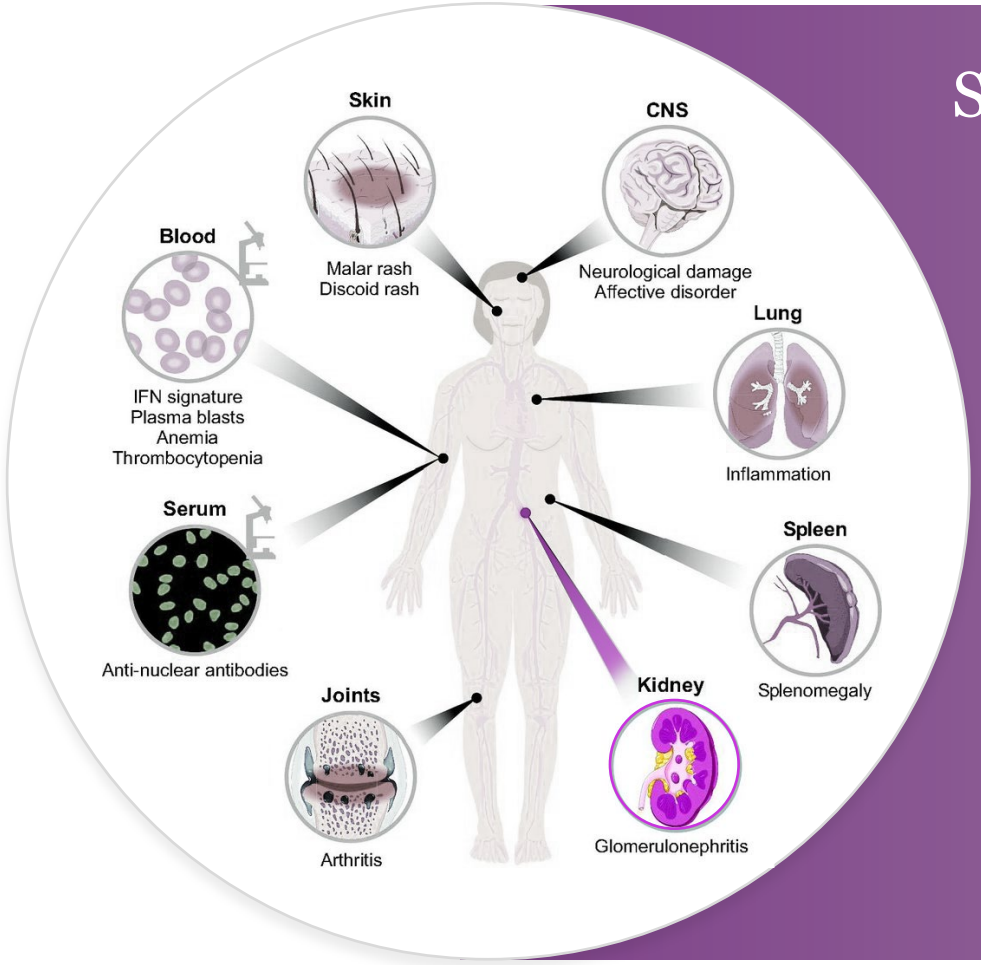
*Results as of December 31, 2022
** As of February 28, 2023

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.

Systemic Lupus Erythematosus (SLE) and Lupus Nephritis (LN) Overview



Systemic Lupus Erythematosus (SLE) affects an estimated 325K[1] people in the U.S.

- Lupus Nephritis (LN) is a serious complications of SLE, occurring when the immune system attacks the kidneys[3]
- Inflammation leads to blood and protein in the urine, impaired kidney function or even kidney failure[3]
- Straightforward disease outcomes: an early response, which can be assessed by measuring proteinuria, which correlates with long-term complications[4]
- SLE disproportionately affects people of color and is more likely to affect females[5]

1. 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. 2. 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. 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. 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 5.CDC.gov/lupus/facts/detailed.html accessed 12.30.2022

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

Clinical 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]

~8x risk of myocardial infarction[5]
~5x risk of cardiovascular mortality[5]

~3x risk of premature death[2]

Economic Burden
Compared to Non-renal SLE

~2x higher hospitalization rate[6]

~2x longer hospital stays[6]

~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 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%** by 3 months
- At least **50%** by 6 months
- UPCR target below **0.5** to **0.7** mg/mg by 12 months

EULAR/ERA-EDTA 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.

ACR 2012 response is determined by physician's own judgement and clinical impression.[1]

KDIGO guidelines offer similar recommendations for proteinuria and steroid reductions.[2]

ACR=American College of Rheumatology; ERA-EDTA=European Renal Association-European Dialysis and Transplant Association; EULAR=European League Against Rheumatism.

Kidney Disease: Improving Global Outcomes (KDIGO) 2021 Clinical Practice Guidelines for the Management of Glomerular Disease. 1. 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.. 2. Reference: KDIGO. Kidney Int Suppl. 2021;100(4):S1-S276. 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]

50%	~50% of SLE patients are not screened for LN
1-2%	Only 1-2% of patients are monitored regularly
70%	Over 70% of diagnosed Lupus Nephritis patients go untreated
50%	50% of LN patients on then-available therapy progressed to End Stage Renal Disease (ESRD) at 1 year

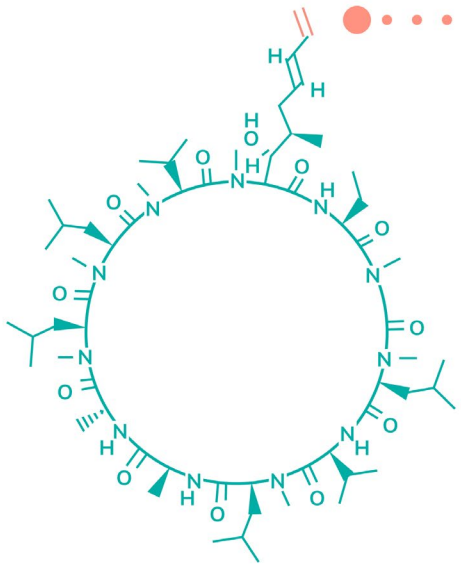
Aurinia

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

A Structurally Modified Calcineurin Inhibitor with a Dual MOA

Lupkynis® (voclosporin) capsules 7.9 mg



Amino acid modification[3]

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

IMMUNOSUPPRESSION

Acts as an immunosuppressant through inhibition of T-cell activation and cytokine production[1]

PODOCYTE STABILITY

Promotes podocyte stability, reducing proteinuria[1]

Mechanism of voclosporin suppression of calcineurin has not been fully established.[1]

1. 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.
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. van Gelder T, et al. Expert Rev Clin Pharmacol. 2022;15(5):515-529

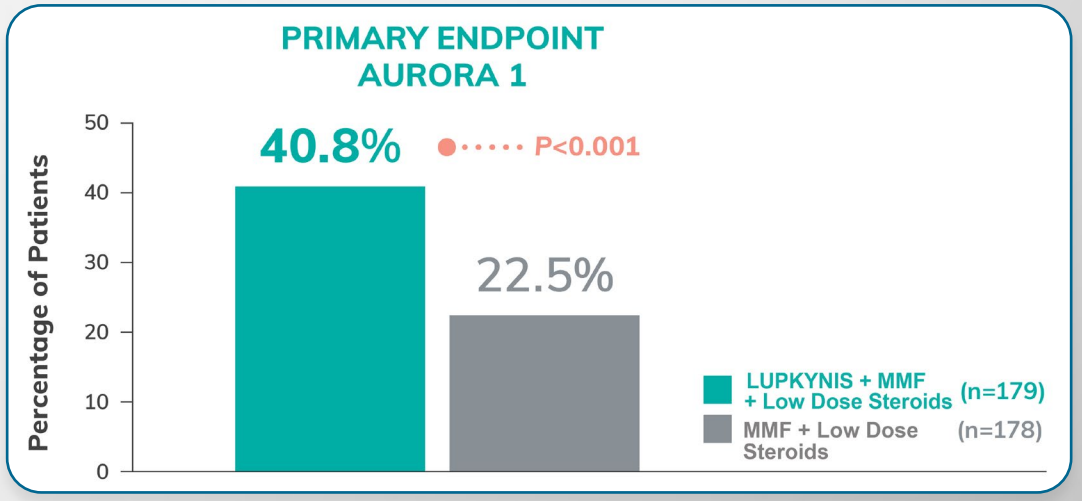
Lupkynis (voclosporin) capsules 7.9 mg

LUPKYNIS Triples the Chance of a Complete Response

Patients Treated With LUPKYNIS Were 2.7x More Likely to Achieve a Complete Response Than With MMF + Low-dose Steroids Alone[1] in AURORA 1, a 52-week Phase 3 Study

51%

of newly diagnosed patients receiving LUPKYNIS achieved a complete renal response at 1-year (compared with 28% of patients receiving MMF + low-dose steroids; OR: 2.91)[2a]



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 (voclosporin) capsules 7.9 mg

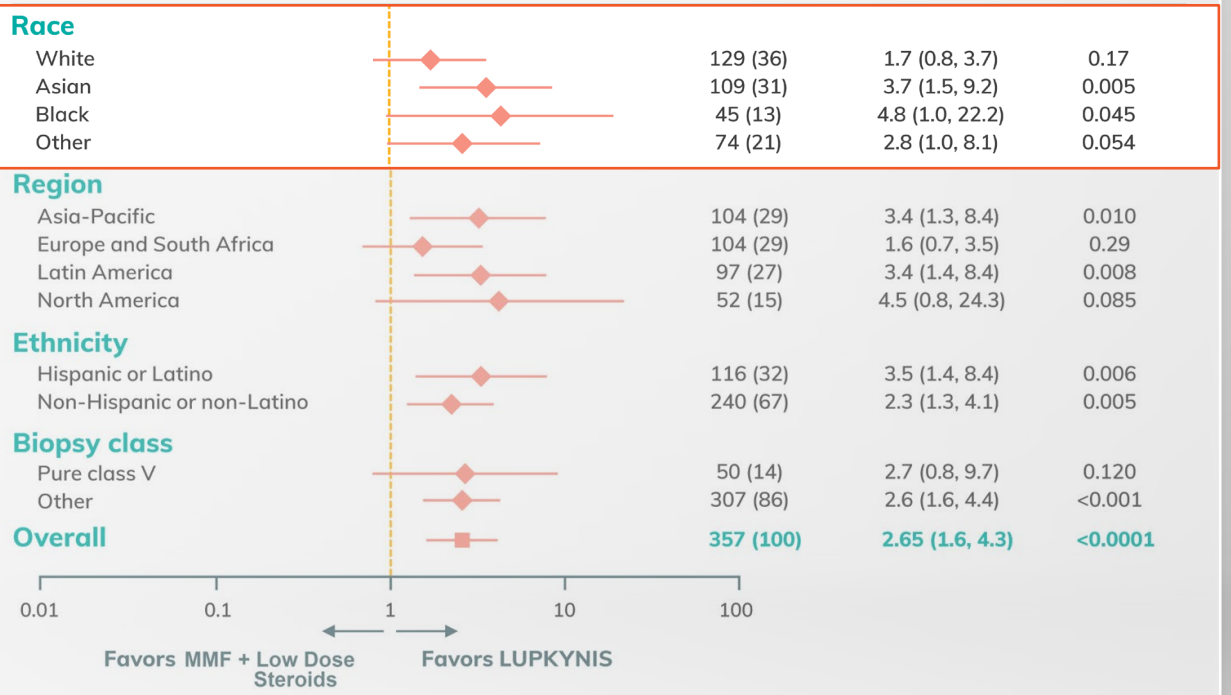
Achieves a Significantly Greater Complete Response in Diverse Patient Populations Compared to MMF + Low Dose Steroids Alone

Subgroup Analysis of Renal Response at Week 52

Likelihood to achieve CR:

- 4.8X in Black Patients
- 3.7X in Asian Patients
- 3.5X in Hispanic Patients

Proven Efficacy Across Biopsy Classes and Racial and Ethnic Groups[a]



Adapted with permission from *The Lancet*. Rovin BH, et al. 2021;397(10289):2070-2080, with permission from Elsevier.

[a]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.

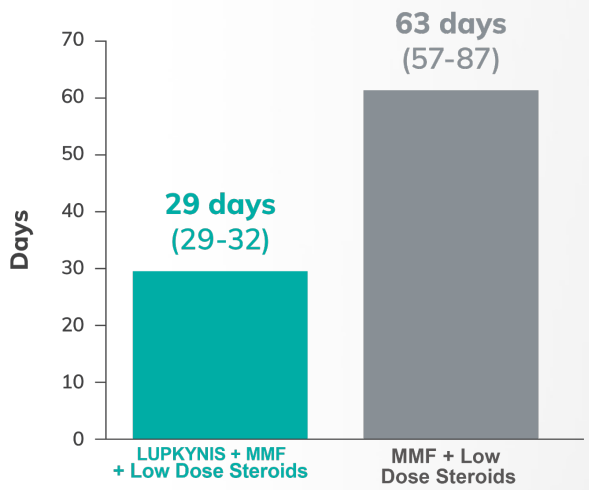
Rovin BH, Teng YKO, Ginzler EM, et al. Efficacy and safety of voclosporin versus placebo for lupus nephritis (AURORA 1):a double-blind, randomised, multicentre, placebo-controlled, phase 3 trial. Lancet. 2021;397(10289):2070-2080. doi:10.1016/S0140-6736(21)00578-X.

LUPKYNIS Reduces Proteinuria 2x Faster than MMF + Low-dose Steroids Alone

Secondary Endpoint of AURORA 1

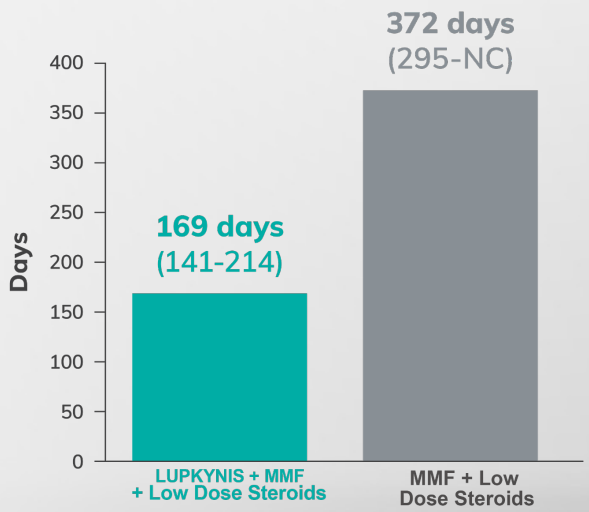
50% UPCR Reduction in <1 Month[1]

(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)



2X Faster

Earlier reductions in proteinuria were achieved across all biopsy classes.[2]

- 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[3]

[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.[3]

[B] Includes data from pretreatment baseline of AURORA 1, 12 months in AURORA 1, and up to 24 months in AURORA 2.[3]

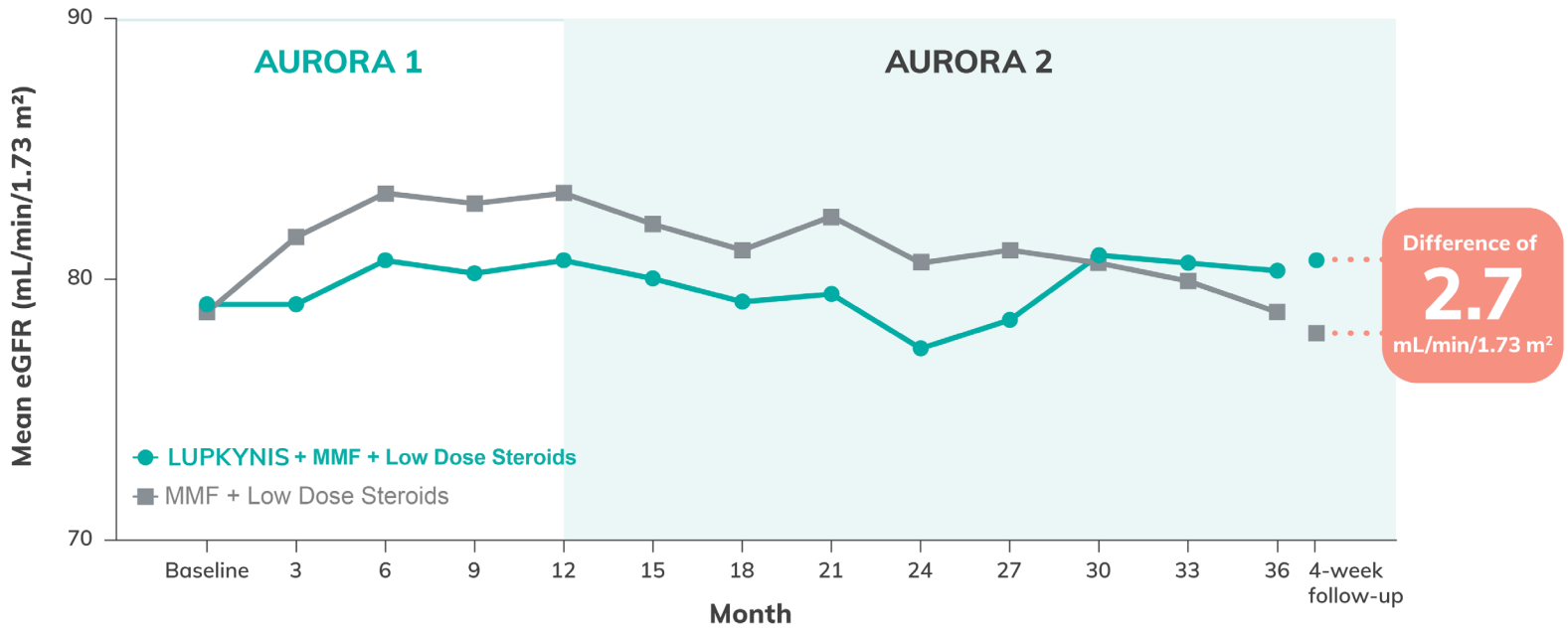
1. Rovin BH, Teng YKO, Ginzler EM, et al. Efficacy and safety of voclosporin versus placebo for lupus nephritis (AURORA 1): a double-blind, randomised, multicentre, placebo-controlled, phase 3 trial. Lancet. 2021;397(10289):2070-2080. doi:10.1016/S0140-6736(21)00578-X. 2. Askanase A, Hodge L, Birardi V, Leher H. Early reductions in proteinuria with voclosporin treatment across lupus nephritis biopsy classes: pooled data from the AURA-LV and AURORA 1 trials. Abstract FC056. Nephrol Dial Transplant. 2022;37(suppl 3):i820-i822. doi:10.1093/ndt/gfac108.004 3. LUPKYNIS. Package insert. Aurinia Pharma U.S., Inc; 2021

Lupkynis (voclosporin) capsules 7.9 mg

Stable eGFR Maintained Over 3 Years With LUPKYNIS

Secondary endpoint of AURORA 2, a 2-year continuation study of AURORA 1

Mean eGFR Over Time[a]

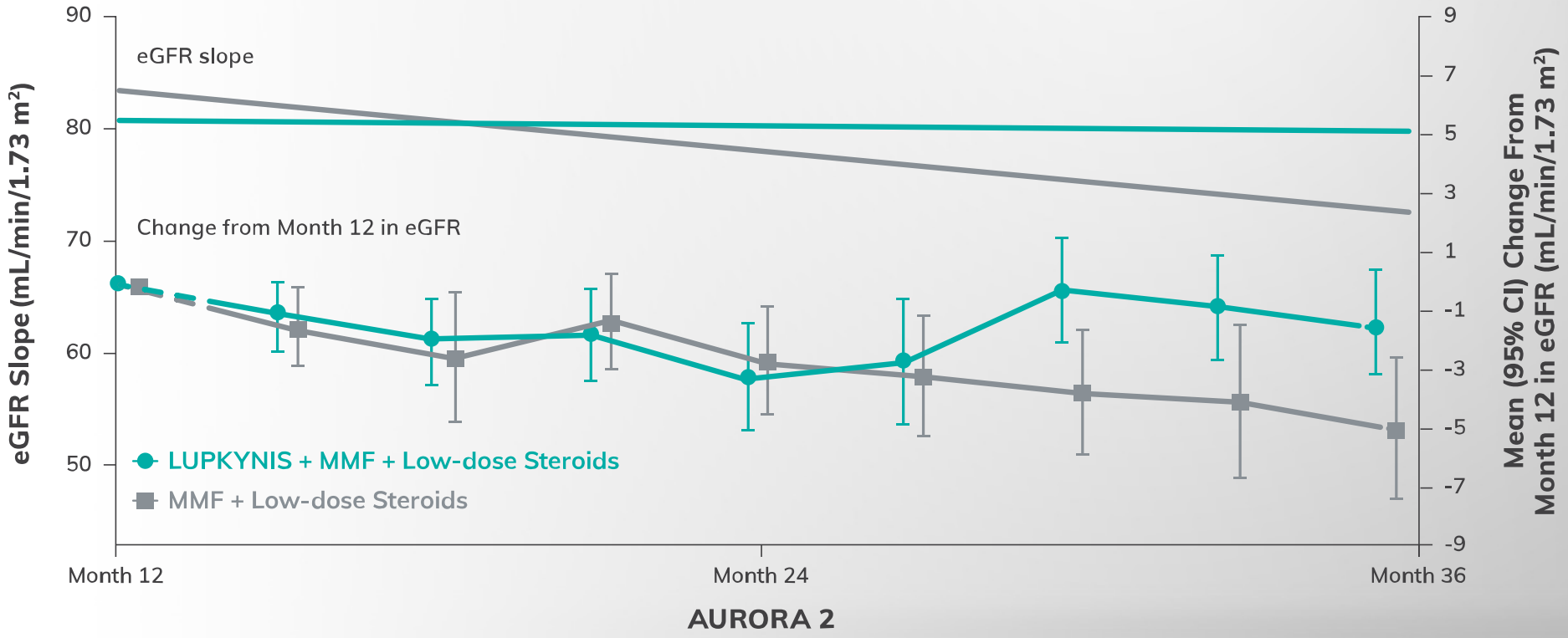


	Baseline	3	6	9	12	15	18	21	24	27	30	33	36	4-week follow-up
LUPKYNIS + MMF + Low Dose Steroids	116	116	116	116	116	114	114	109	103	102	99	100	100	96
MMF + Low Dose Steroids	100	100	100	100	100	98	96	90	81	84	85	84	87	85

[a] Kidney function assessed with corrected eGFR (Chronic Kidney Disease Epidemiology Collaboration equation) using a prespecified ceiling of 90 mL/min/1.73 m2. Analysis of AURORA 2 patients includes data from pretreatment baseline of AURORA 1, 12 months in AURORA 1, and up to 24 months in AURORA 2. The AURORA 2 continuation trial remained double blinded.

Teng YKO, Saxena A, Palmen M, Birardi V, Lisk L. Voclosporin for lupus nephritis: results of the two-year AURORA 2 continuation study. Presented at: European Renal Association 2022; May 19-22, 2022.

LUPKYNIS Achieves More Consistent eGFR 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.

In AURORA 2, LUPKYNIS Demonstrated Safety Comparable to that Seen in AURORA 1 with No Unexpected Safety Signals Observed[2]

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

AE	LUPKYNIS 23.7 mg BID (n=267)	MMF + Low Dose Steroids (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%
Decreased appetite	3%	1%

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

AE=adverse event; BID=twice daily.

Overview of AEs in AURORA 2[2]

	LUPKYNIS (n=116)	MMF + Low Dose Steroids (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%

[c]AE was defined as any untoward medical occurrence that occurred on or after entrance into AURORA 2 and up to 30 days after study treatment end [2]
[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 Lupus Nephritis: Results of the Two-Year AURORA 2 Continuation Study. Annals of the Rheumatic Diseases 2022;81:325.

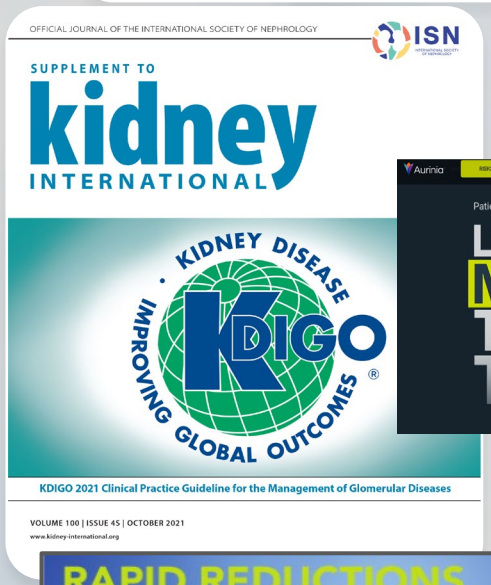
Our Goal is to Establish LUPKYNIS as the new Standard of Care in the Treatment of Lupus Nephritis

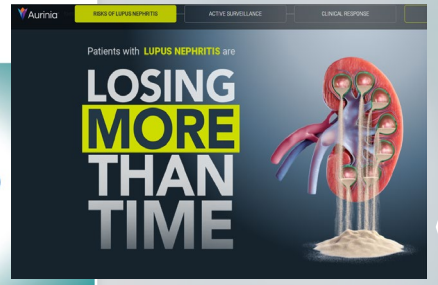
1. **Create sense of urgency to diagnose, manage and treat LN to guideline targets**
2. **Empower patients to take charge of their Lupus Nephritis through education** on the importance of early diagnosis, routine management, and treatment
3. **Ensure meaningful differentiation of LUPKYNIS clinical profile**
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**

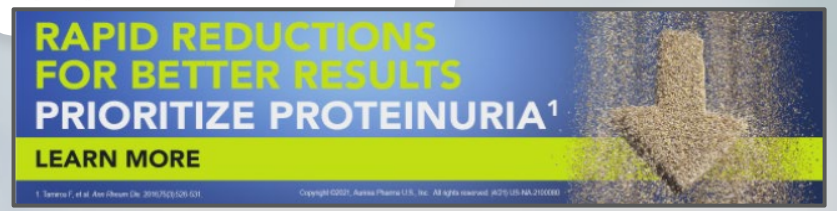
Lupkynis (voclosporin) capsules 7.9 mg

Drive Earlier Diagnosis and Treatment through Physician Education & Engagement

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



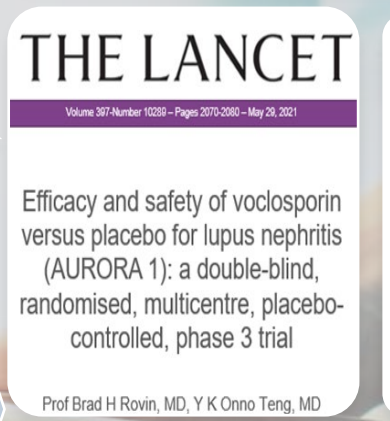




Communication Channels

- Clinical Education Programs
- Peer : Peer
- Representative: Healthcare Professional
- Web Based Education
- Medical Meetings

Educating on the Clinical Differentiation of LUPKYNIS



Combined Number of Patients from AURA and AURORA

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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%
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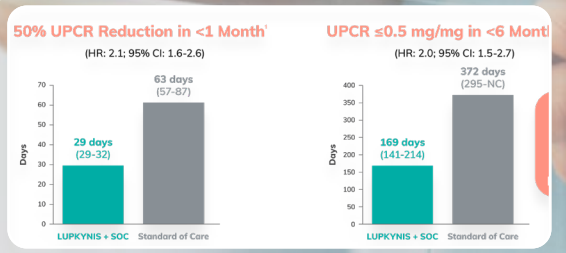
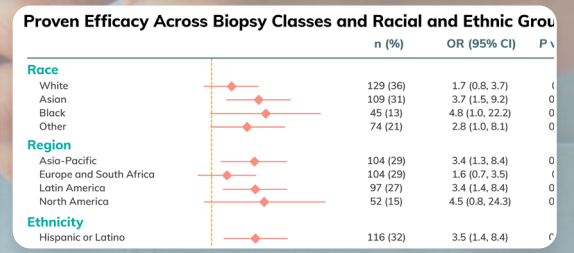
Disease-related serious AE	6.0%	11.0%





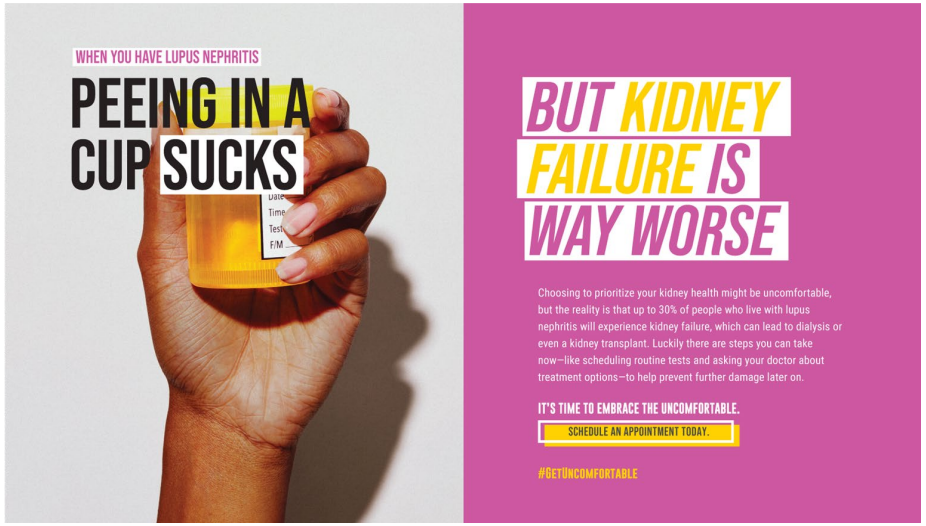
Race and ethnicity were post hoc analyses and should be interpreted with caution. Results were not significant for White race; class V; and Europe and South Africa or North American region

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

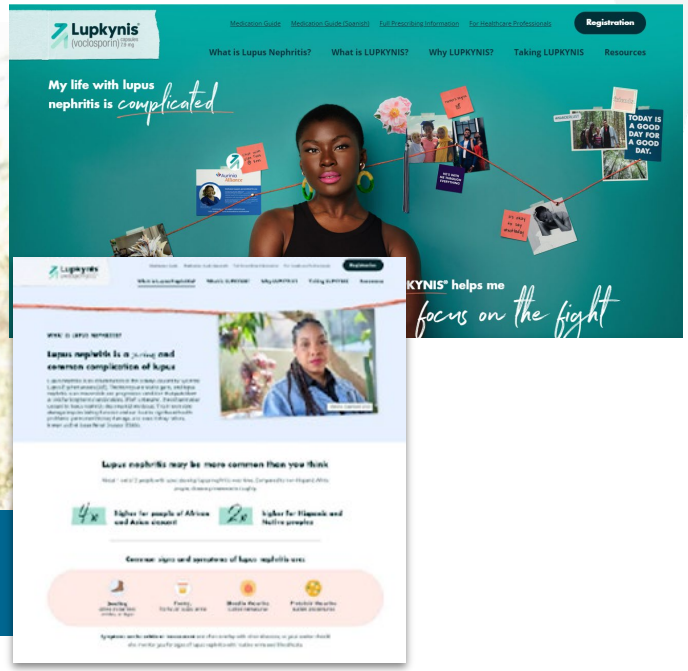
Disease State Activation Campaign

Launched Q3 2022 with Goal 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



Improve Access to Therapy, Patient Persistency & Compliance

Aurinia Alliance®

Personalized one on one support to provide patients and practices with what they need throughout their Aurinia treatment journey

Educational resources

- Nurse case manager provides helpful resources and materials tailored to the patients' specific needs
- Access to 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 less than $10 for their LUPKYNIS prescription
- 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 on top of Aurinia treatment schedule

PSFs Q4 2022: **406**
PSFs 2022: **1,648**

Patients on Therapy:
~1,525 at end of Q4 2022 compared to **1,354** at end of Q3 2022

Lupkynis® (voclosporin) capsules 7.9 mg

More than 85% of PSFs converted to patients on treatment*

At 12 months, **approximately 50% of patients remain on treatment***

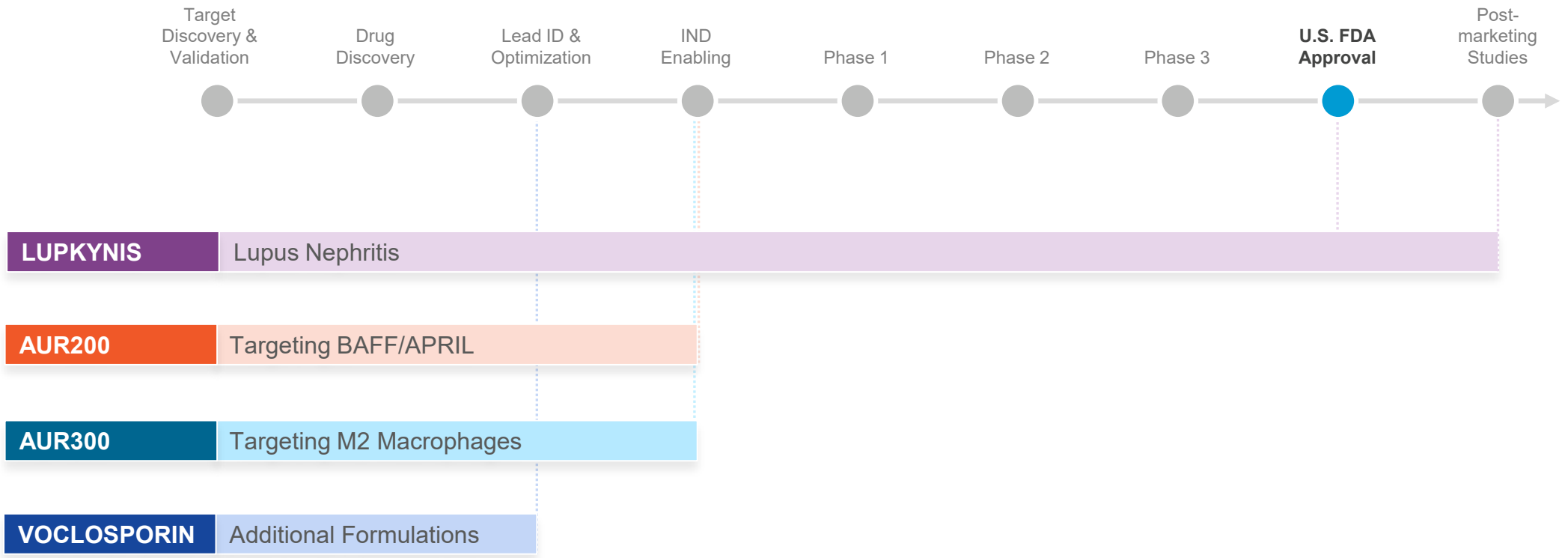
Partnership with Otsuka Pharmaceuticals

- Ex-US collaboration and license agreement with Otsuka Pharmaceutical Company, Ltd.
- Economics from royalties, manufacturing, regulatory and sales related milestones; ~$80 million to date* with targeted $10 million in 2023
- Includes the territories of: European Union (EU), UK and Japan
- EU approval, September 15, 2022; UK approval November 29, 2022
- Currently working through key country reimbursement approvals

Pipeline Focused in Areas of Autoimmune and Inflammatory Disease

Aurinia™

Development Pipeline



Pipeline Focused in Areas of Autoimmune and Inflammatory Disease

AUR200

Fc-fusion protein designed to specifically block B-cell Activating Factor (BAFF) and A Proliferation-Inducing Ligand (APRIL)

- Proven MOA
- Rapid acting
- High potential for differentiation
- Targeted towards B-cell mediated autoimmune diseases

AUR300

Novel peptide therapeutic that modulates M2 macrophages via the CD206 receptor

- MOA using early macrophage modulation to address autoimmune and fibrotic diseases
- Decrease fibrogenic and inflammatory cytokines
- High potential for differentiation
- Targeted towards autoimmune and fibrotic diseases

Q4 and Year Ending 2022 Financials as of December 31, 2022
2023 U.S. Revenue Guidance

Aurinia™

- **$28.3 million** in net product revenue for the fourth quarter 2022
- **$103.5 million** in net product revenue in the YE 2022
- **$28.4 million** in total net revenue for the fourth quarter 2022
- **$134 million** in total net revenue YE 2022
- 2023 Guidance of **$120 - $140 million** in net product revenue*

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 January 2021 with ~$103.5 million in net product revenue YE 2022*
- **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
- **Emerging pipeline** in autoimmune and inflammatory disease with proven science; synergistic to organizational and commercial capabilities
- **Strong balance sheet** with ~$390 million* in cash, cash equivalents, and investments, no debt; targeting 2023 net product revenue range from $120 to $140 million**

*Results as of December 31, 2022
** As of February 28, 2023