# Welcome to Cara Therapeutics Notalgia Paresthetica Day

**SEPTEMBER 20TH, 2022**

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# Forward Looking Statements

Statements contained in this presentation regarding matters that are not historical facts are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Examples of these forward-looking statements include statements concerning the expected timing of the initiation, enrollment and data readouts from the Company's planned and ongoing clinical trials, the potential results of ongoing clinical trials, timing of future regulatory and development milestones for the Company's product candidates, the size of potential markets for the Company's product candidates, the potential for the Company's product candidates to be alternatives in the therapeutic areas investigated, including Notalgia Paresthetica, and the potential impact of COVID-19 on the Company's clinical development and regulatory timelines and plans. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Risks are described more fully in Cara Therapeutics' filings with the Securities and Exchange Commission, including the "Risk Factors" section of the Company's Annual Report on Form 10-K for the year ending December 31, 2021 and its other documents subsequently filed with or furnished to the Securities and Exchange Commission. All forward-looking statements contained in this presentation speak only as of the date on which they were made. Cara Therapeutics undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made, except as required by law.



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# Today's Speakers

**Christopher Posner**
*CEO, President and Director*

**Joana Goncalves, MD**
*Chief Medical Officer*

**Eric Vandal**
*SVP, Commercial*

**Zoe Draelos, MD**
*President, Dermatology Consulting Services, PLLC*

**Brian Kim, MD, MTR**
*Vice Chair of Research, Icahn School of Medicine at Mount Sinai, NY*



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# Agenda

1. **Introductory Remarks**
   *Christopher Posner, CEO, President and Director, Cara Therapeutics*

2. **Clinical Overview and Unmet Medical Need**
   *Zoe Draelos, MD, President, Dermatology Consulting Services, PLLC*

3. **Difelikefalin Potential Mechanism of Action in Notalgia Paresthetica**
   *Brian Kim, MD, MTR, Vice Chair of Research, Icahn School of Medicine at Mount Sinai, NY*

4. **Oral difelikefalin Phase 2 KOMFORT Study in Notalgia Paresthetica**
   *Joana Goncalves, MD, CMO, Cara Therapeutics*

5. **Market Assessment and Commercial Opportunity in Notalgia Paresthetica**
   *Eric Vandal, SVP, Commercial, Cara Therapeutics*

6. **Live Q&A Session**

Oral difelikefalin is an investigational agent that has not been approved by the FDA. The efficacy and safety of oral difelikefalin has not been established.



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# Introductory Remarks

*CHRISTOPHER POSNER, CEO, PRESIDENT AND DIRECTOR, CARA THERAPEUTICS*

# OUR MISSION:

**Transform the way pruritus is treated to bring quality to the lives of those who suffer.**

# Millions of US Patients Could Benefit from a Chronic Pruritus Therapy

| | | Estimated US Addressable Pruritis Population |
|---|---|---|
| SYSTEMIC | HD-Dependent Chronic Kidney Disease (CKD)[1-2] | 200K |
| | Non-Dialysis Dependent CKD (Stage 4-5)[3-7] | 300K |
| | Chronic Liver Disease[8-12] | 3M |
| DERMATOLOGICAL | Atopic Dermatitis[13-15] | 12M |
| NEUROLOGICAL | Notalgia Paresthetica[16-19] | >650K |

1..National Institute of Diabetes and Digestive and Kidney Diseases. https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease. 2. Pisoni et al. Pruritus in haemodialysis patients: international results from the Dialysis Outcomes and Practice Patterns Study (DOPPS). Nephrology Dialysis Transplantation (2006); 21(12): 3495-3505. 3. Centers for Disease Control and Prevention https://nccd.cdc.gov/ckd/detail.aspx?Qnum=Q372. 4. DataMonitor 5. States Renal Data System https://adr.usrds.org/2020/chronic-kidney-disease/1-ckd-in-the-general-population. 6. Wong SJY et al. Decisions about Renal Replacement Therapy in Patients with Advanced Kidney Disease in the US Department of Veterans Affairs, 2000–2011. Clin Journal of Am Soc Neprol. 2016. 11(10): 1825-1833. 7. Sukul N et al. Pruritus and patient reported outcomes in non-dialysis CKD. Clin J Am Soc Neprhol 2019. 673-681. 8.Centers for Disease Control and Prevention https://www.cdc.gov/nchs/fastats/liver-disease.htm 9. Odea S et al. Prevalence of pruritus in patients with chronic liver disease: A multicenter study. Hepatology Research. 2018. 28(3): E252-E262. 10. Fujino H et al. Pruritus in patients with chronic liver disease and serum autotaxin levels in patients with primary biliary cholangitis. BMC Gastroenterology. 2019. 19:169. 11. Yoshikawa et al. Pruritus is common in patients with chronic liver disease and is improved by nalfurafine hydrochloride. Scientific Reports. 2021. 11:3015. 12. Data on file. 13. National Eczema Assocaition. https://nationaleczema.org/eczema/types-of-eczema/atopic-dermatitis/ 14. DRG Analysis. 15. Mollanazar NK, Smith PK, Yosipovitch G. Mediators of chronic pruritus in atopic dermatitis: getting the itch out? Clin Rev Allergy Immunol. (2016) 51:263–92. 16. US Census Bureau 2020 population projection; 17. Pereira P. et al., Acta DV 2018 ; 98:82-88; 18. Mollanazar N.K. et al., Acta Clin Croat 2018; 57:721-725e.; 19. Syneos market research and Apollo claims database



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# Clinical Overview and Unmet Medical Need

*ZOE DRAELOS, MD, PRESIDENT, DERMATOLOGY CONSULTING SERVICES, PLLC*

# Notalgia Paresthetica: Understanding the Itch

The “itch” you cannot scratch

The “itch” that cannot be reached

The “itch” that drives patients nuts

The “itch” that requires a collection of back scratchers

The “itch” that seeks the door jam



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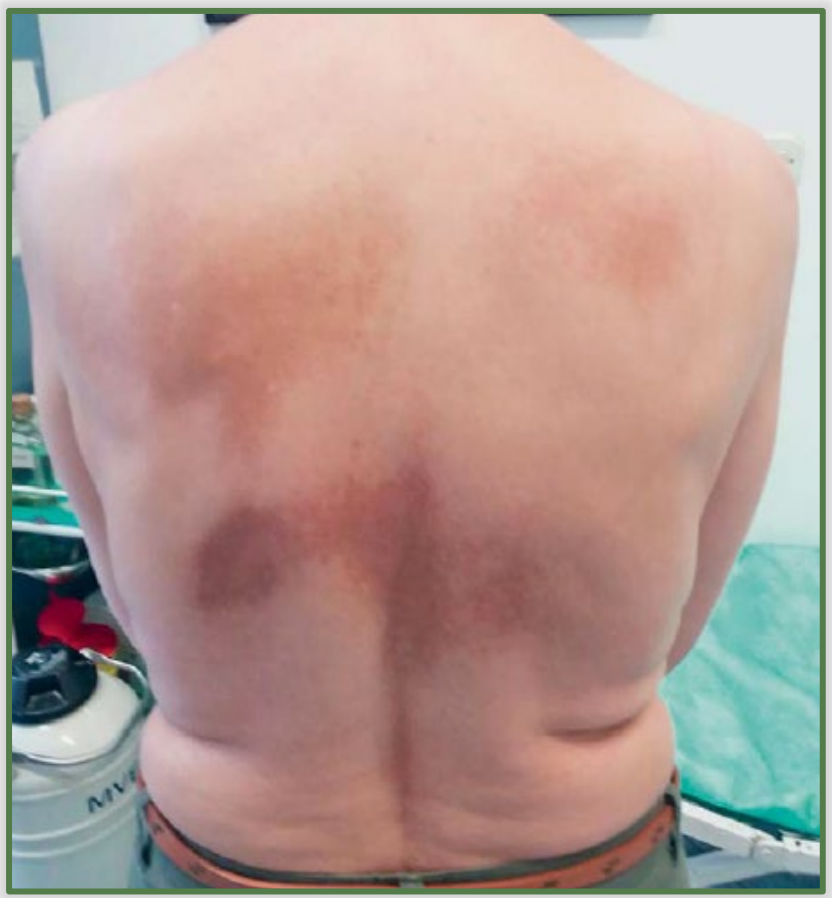
# Notalgia Paresthetica: Patient Presentation

- Itch at the base of the shoulder blade
- Patients unable to sleep
- Varying intensity of itching with activity
- Patients are unable to concentrate due to itch
- Decreased quality of life
- Increased suicidal ideation
- Patients relate desire to “take skin off” at night and relax
- Characterized by pigmentation and thickened skin (lichenification)





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# Notalgia Paresthetica: Clinical Presentation

- Symptoms:
  - Chronic, intermittent, paroxysmal itching, tingling, numbness, burning, cold sensation, pins and needles sensation, and/or tenderness
  - Often accompanied by pain, hyperesthesia and other paresthesias
  - May be unilateral or bilateral
- Condition lasts multiple years, with mean duration between 21 months and 3 years
- Affects more women than men
- Diagnosed clinically, but under diagnosed due to lack of treatment, accounts for 8% of chronic itch patients
- No currently approved on-label treatment available


Source: Howard et al 2017 *International Journal of Dermatol* 57, 388-392

# Notalgia Paresthetica: Treatments

- Often resistant to multiple therapies
- Conventional antipruritic therapies (i.e., antihistamines, topical corticosteroids) show poor effect
- Capsaicin commonly used as first line treatment by dermatologists
- Other anecdotal off-label therapies (no robust clinical studies):
  - Topical anesthetics
  - Tacrolimus
  - Intralesional steroids
  - Botulinum toxin A
  - Gabapentin
  - Oxcarbazepine
  - Amitriptyline
  - Surgical decompression
  - Paravertebral local anesthetic blocks
  - Transcutaneous electrical nerve stimulation (TENS)
  - Electrical Muscle Stimulation (EMS)
  - UV-B
  - Spinal manipulation
  - Physical therapy
  - Osteopathic manipulative therapy
  - Acupuncture
  - Cryotherapy

 Source: Howard et al 2017 *International Journal of Dermatol* 57, 388-392

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# Notalgia Paresthetica: Summary


## Imagine

**An Itch You Cannot Scratch**

**It May Not Go Away Quickly, If Ever**

**Being Told There Is No Treatment**

**The Excitement of a Potential New Effective Treatment for NP**

 | Source: Howard et al 2017 *International Journal of Dermatol* 57, 388-392

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# Difelikefalin Potential Mechanism of Action in Notalgia Paresthetica

*BRIAN KIM, MD, MTR, VICE CHAIR OF RESEARCH, ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, NY*

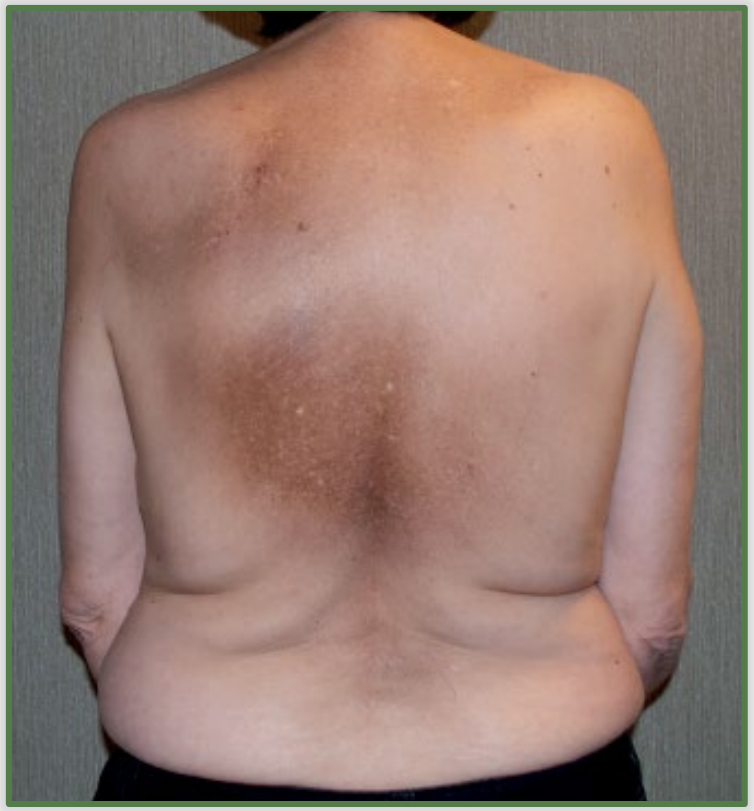
# Understanding Itch in Notalgia Paraesthetica

# Notalgia Paresthetica is a Neuropathic Itch Disorder

## No FDA-approved treatments

## Off label treatments are either ineffective or have tolerability issues[1]

- Anti-inflammatories have poor efficacy
- Neuromodulatory drugs that are currently used are limited by tolerability issues





1. Howard M et al. Notalgia paresthetica: a review for dermatologists. *Int J of Derm*. 2017. 388-392.

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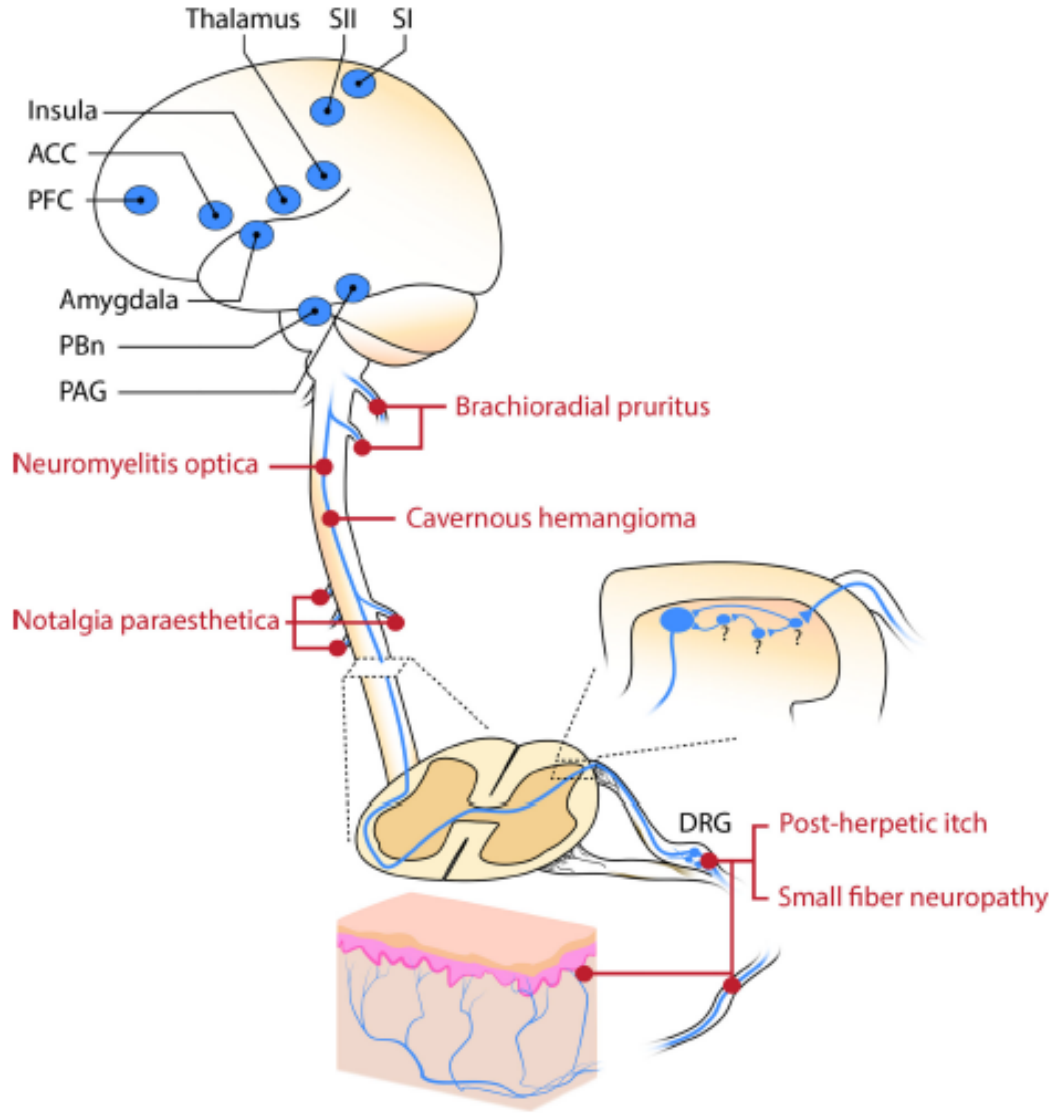
# Pathogenesis

- Likely due to mechanical irritation along the spinal cord
- Believed to be caused by compression of the dorsal branches of the spinal nerves (T2-T6)
- Leads to circumscribed pruritus between the scapulae, usually unilateral but occasionally bilateral




 | Source: Pereira Manuel et al *ActaD*V 2018; 98:82-88. Hachisuka et al *Pain* 2018; 159(3): 603-609

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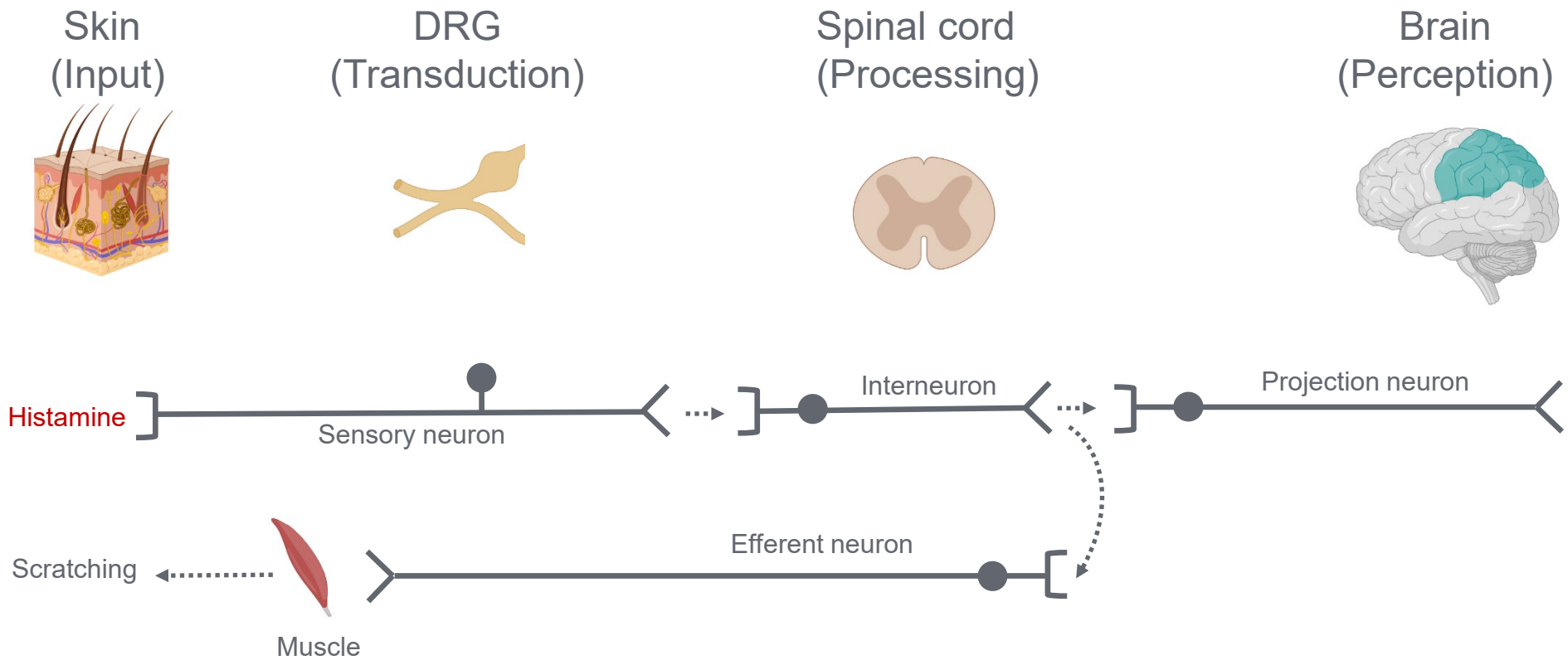
# How is Itch and Scratch relayed in the Body?



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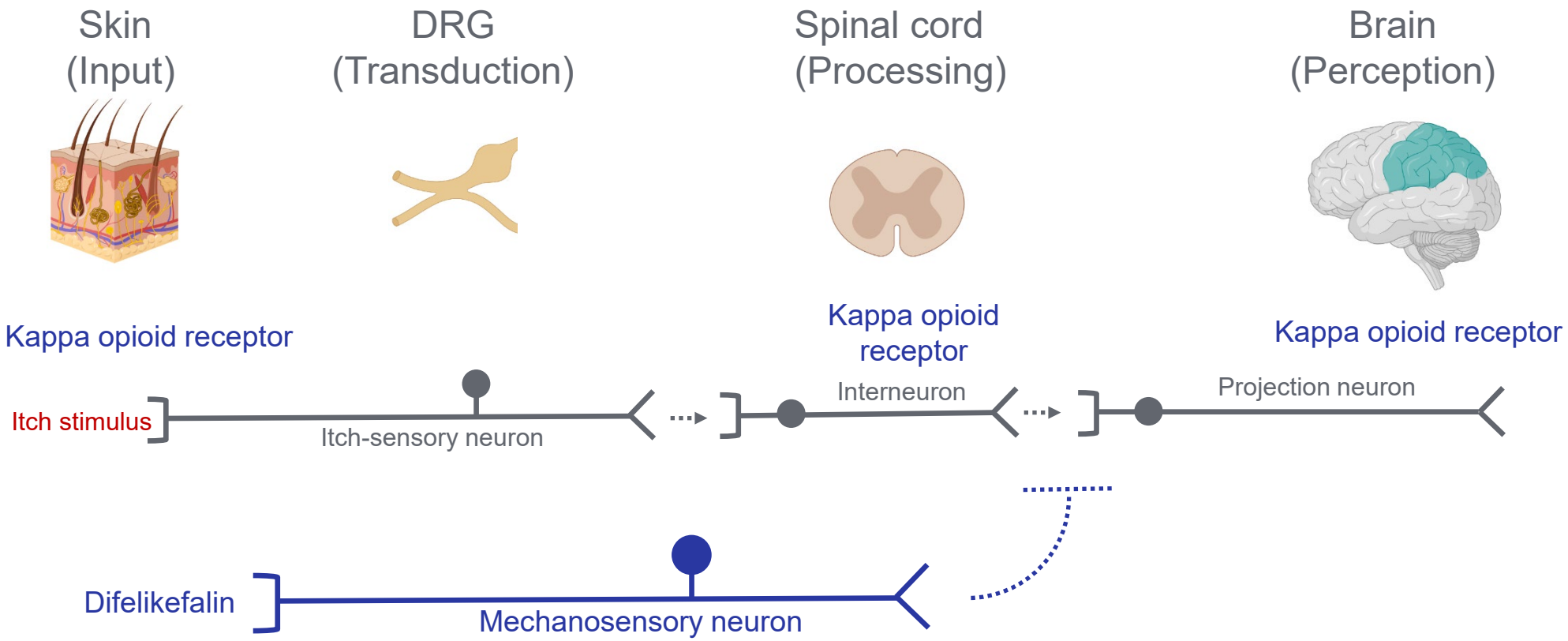
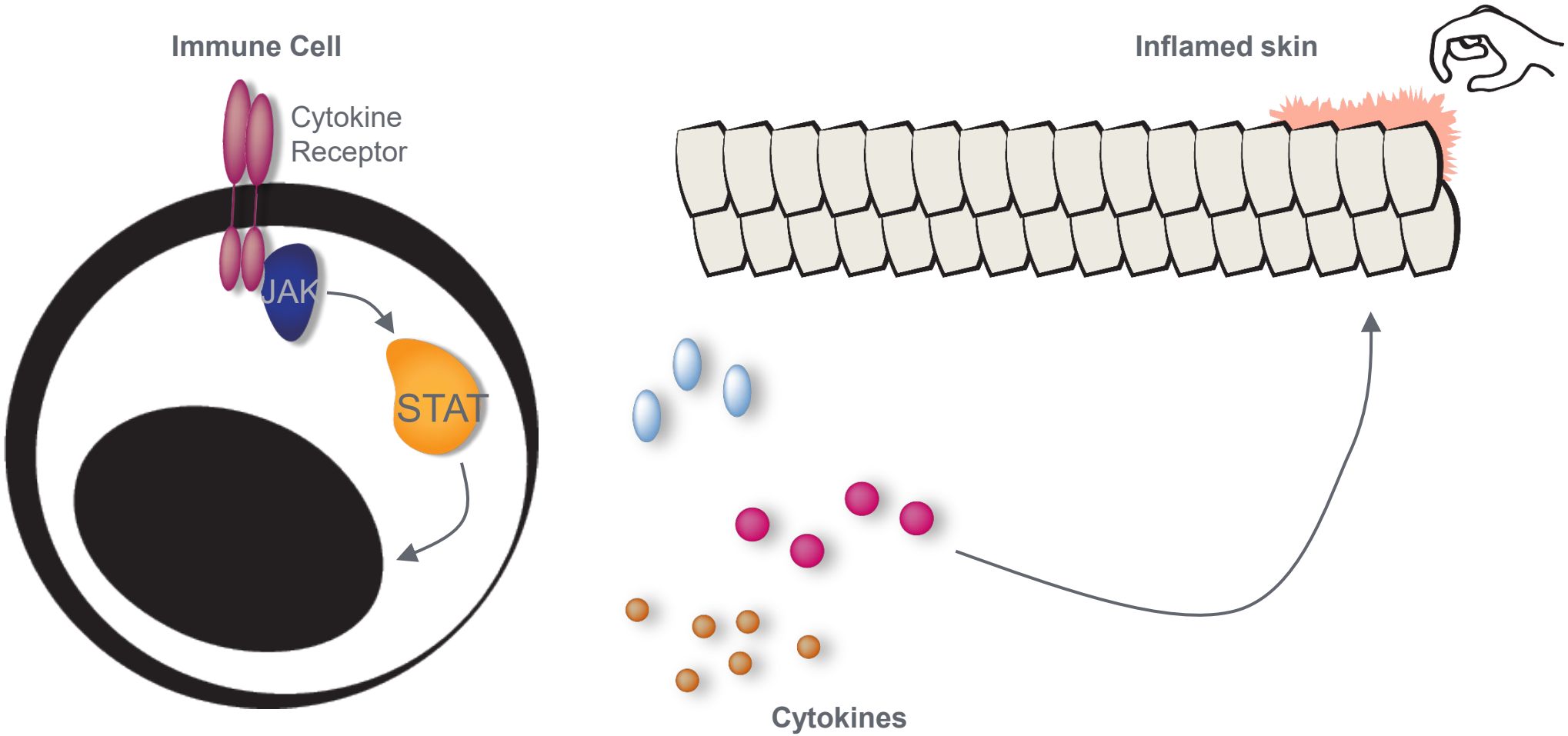
# How do Kappa Opioid Receptor Agonists suppress Itch?



# Conventional Paradigm of Skin Inflammation



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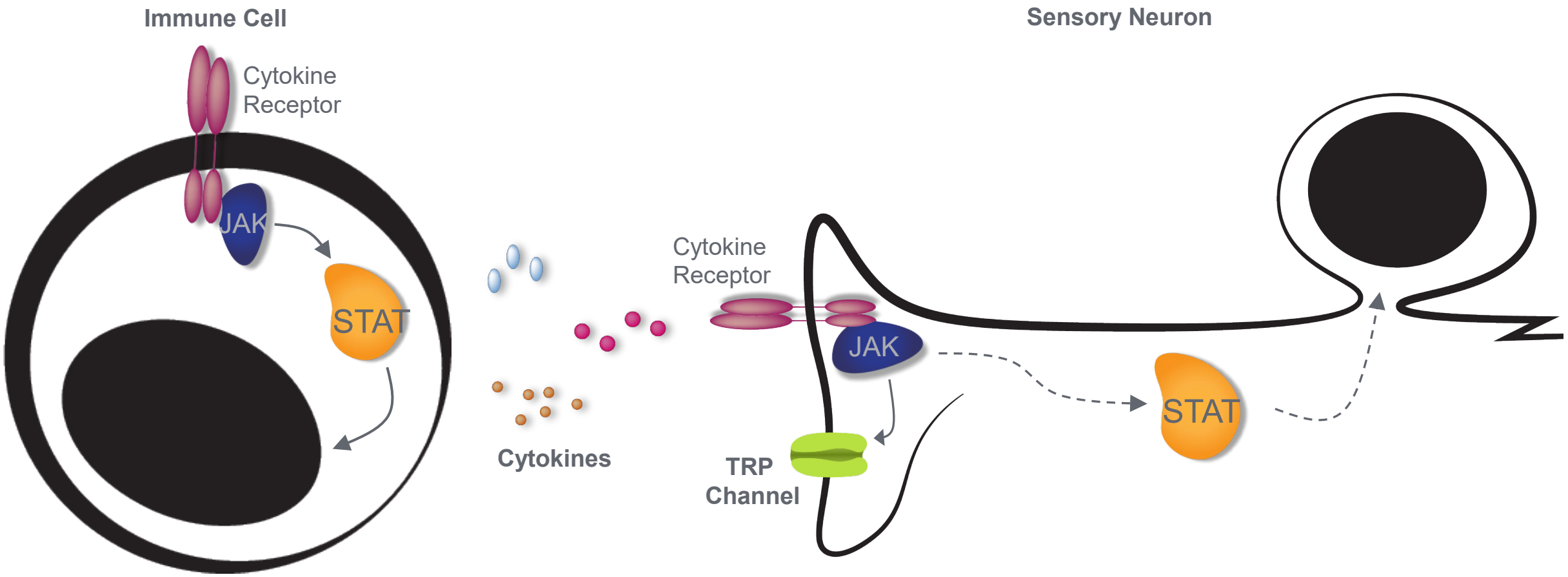
# Itch is Secondary in Inflammatory Itch



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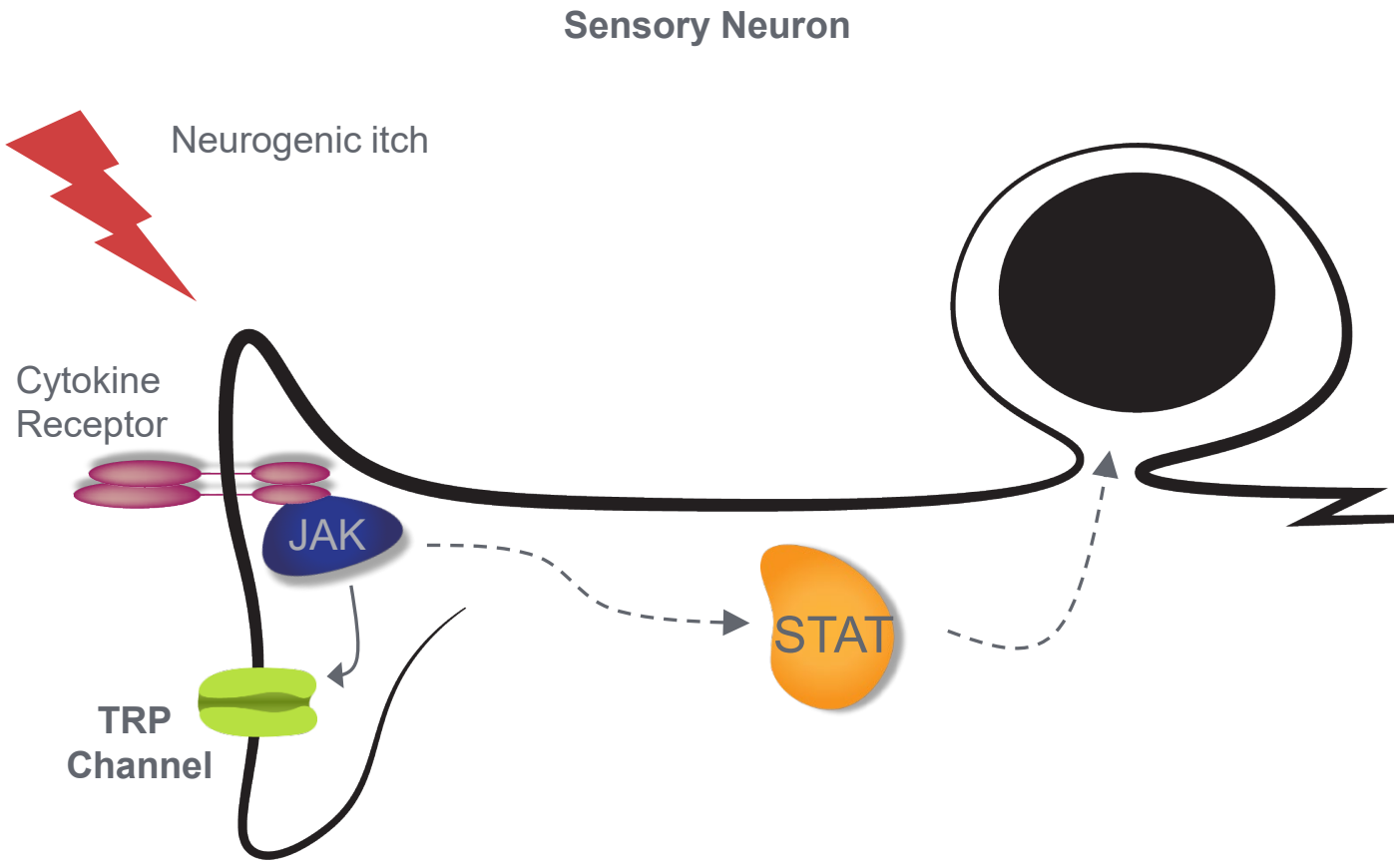
# Itch is Primary in Neuropathic Itch



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# Difelikefalin: Mechanism of Action

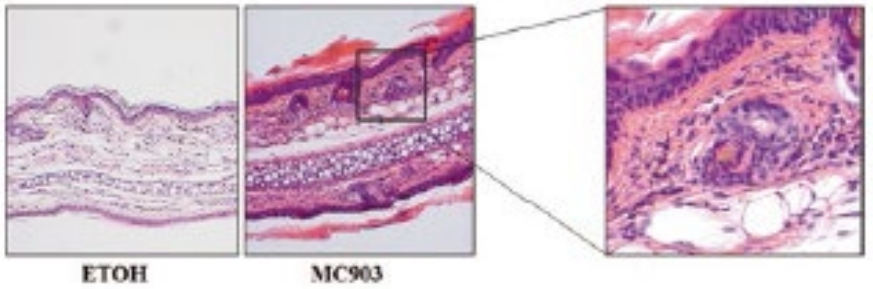
# Mouse Study Methods and Results

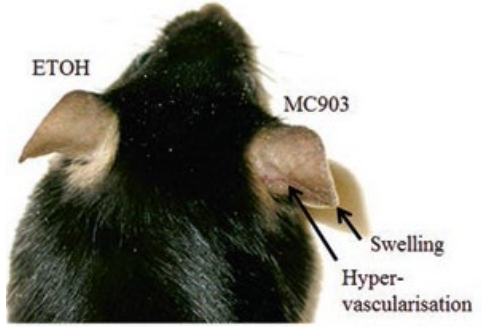

$T_H2$ cell

Eosinophilia

IgE

B cell




MC903, calcipotriol; IgE, immunoglobulin E; TH2, T helper 2; WT, wild type.



Moosbrugger-Martinz V, et al. *Methods Mol Biol*. 2017;1559:91-106.

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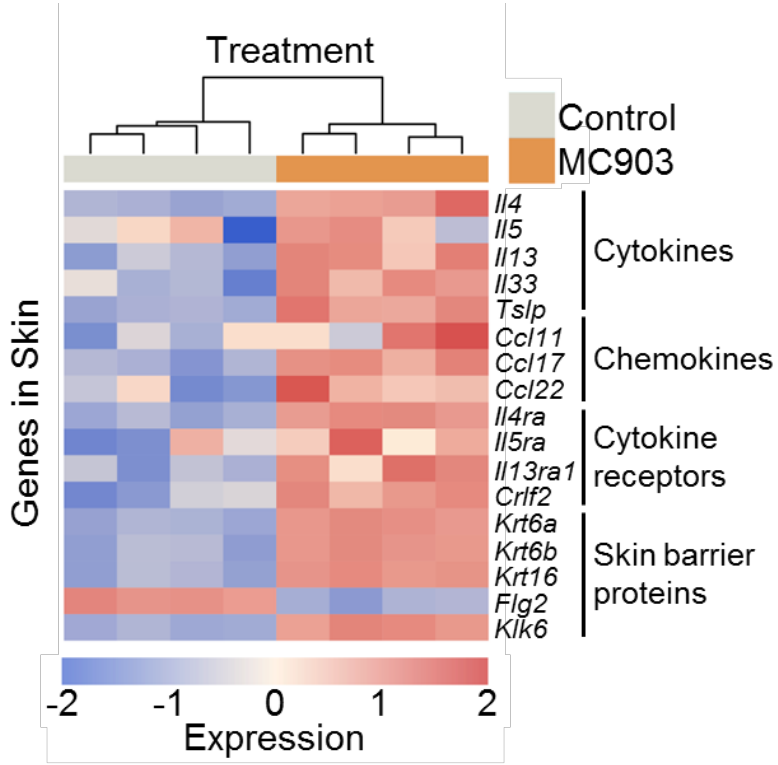
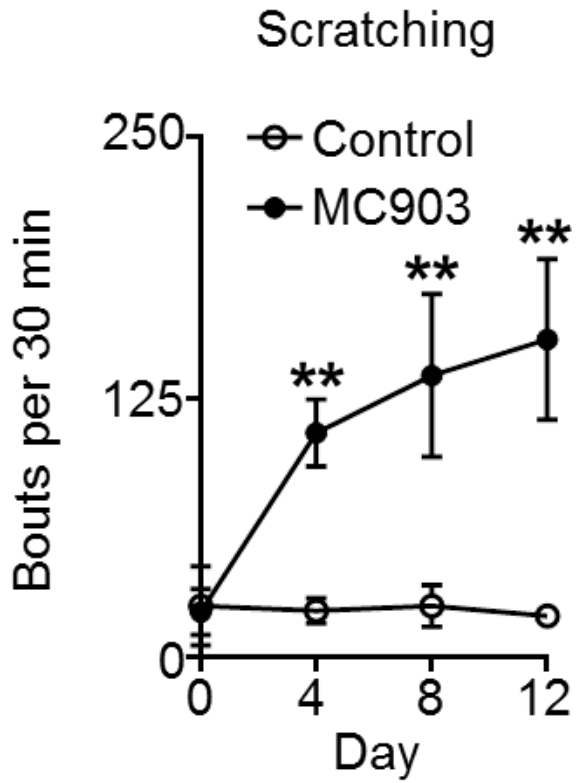
# Mouse Study Methods and Results


 | Oetjen LK, et al. *Cell*. 2017;171:217-228

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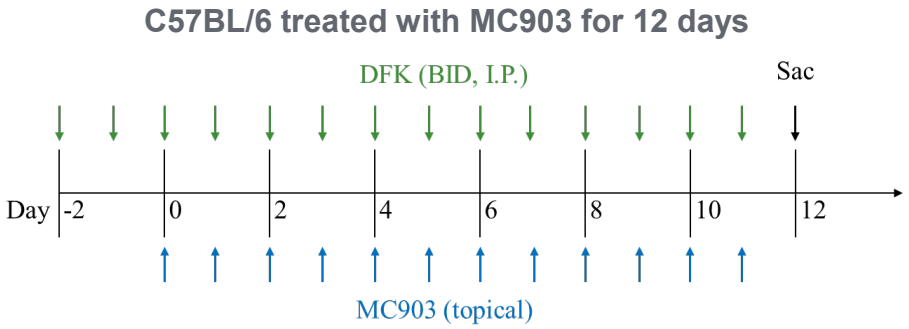
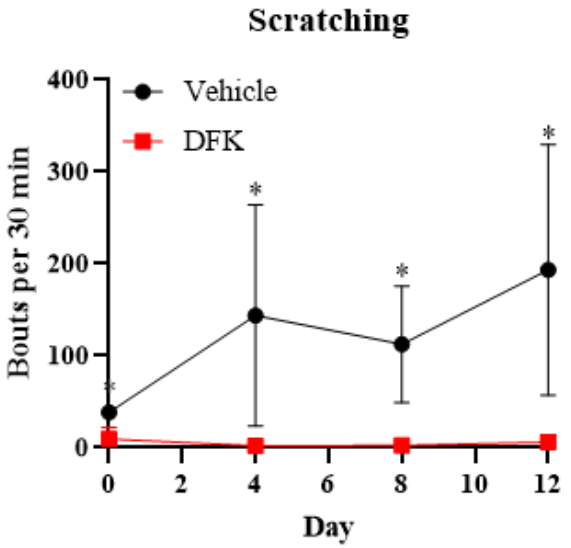
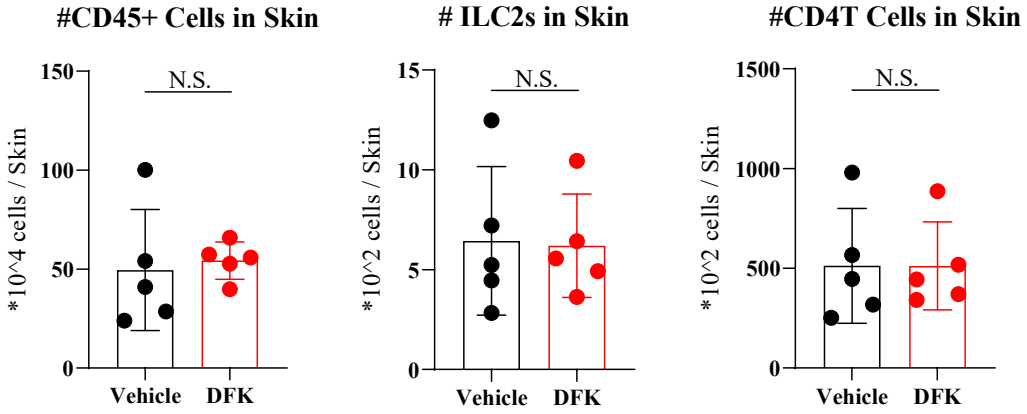
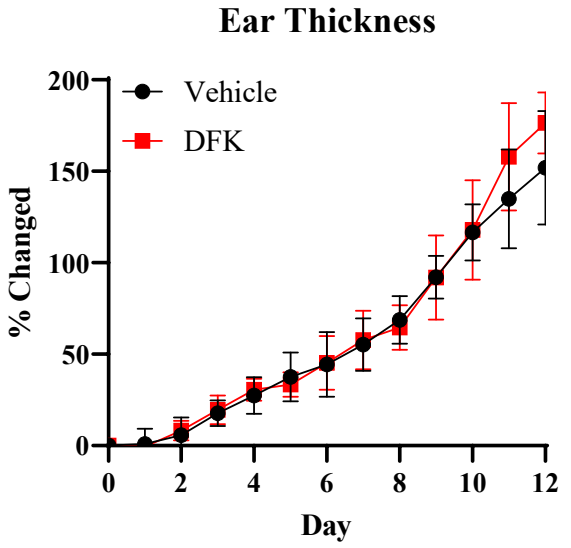
# Mouse Study Methods and Results




* p<0.05 vs. control (unpaired t-test)

 BID, twice daily; I.P., intraperitoneal; ILC2, innate lymphoid type-2 cells

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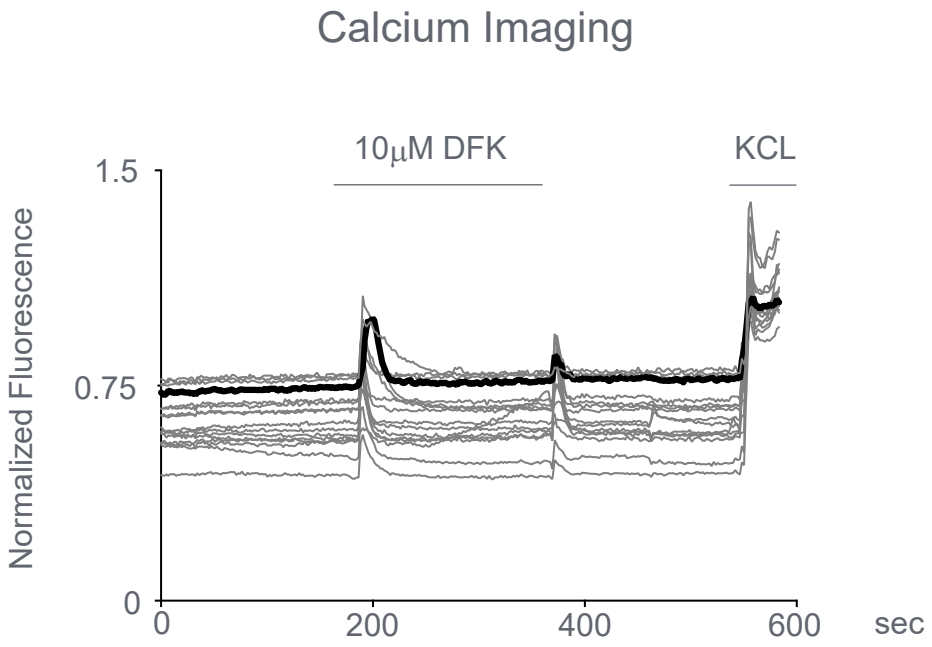
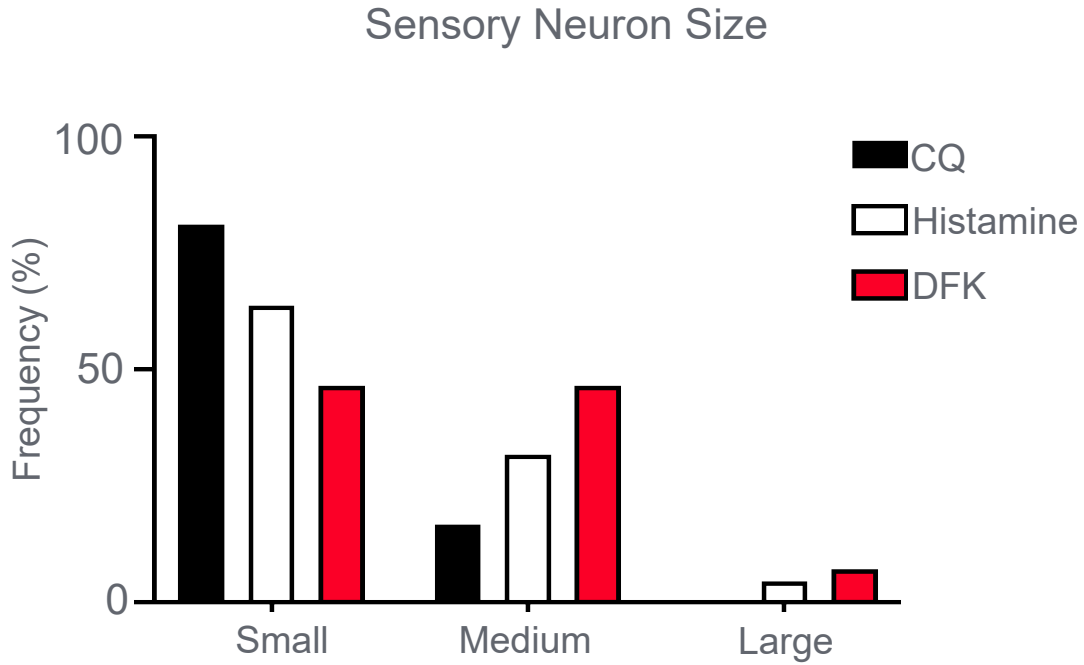
# Mouse Study Results: DFK activates Medium Diameter (ie, Aβ) Sensory Neurons



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# Potential of Difelikefalin in Neuropathic Itch

Difelikefalin has demonstrated strong neuromodulatory action on suppressing itch in a mouse model

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Difelikefalin's mechanism of action is well suited to potentially address neuropathic itch



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# How Is Difelikefalin different?


**Anti-inflammatory agents:**

- Abrocitinib
- Baricitinib
- Corticosteroids
- Delgocitinib
- Dupilumab
- Lebrikizumab
- Nemolizumab
- Ruxolitinib
- Tralokinumab
- Upadacitinib

**Scabetic Itch**

**Brachioradial Pruritus**

**Chronic Pruritus of Unknown Origin**

**Atopic Dermatitis Itch**

**Postherpetic Itch**

**Prurigo Nodularis**

**Dry Skin Itch**

**Notalgia Paresthetica**

**Uremic Pruritus**

**Insect Bite Itch**

**Scalp Pruritus**

**Neuromodulatory agents:**

- Gabapentin
- Neurontin
- Aprepitant
- Nalfurafine (Japan)
- Nalbuphine
- Difelikefalin



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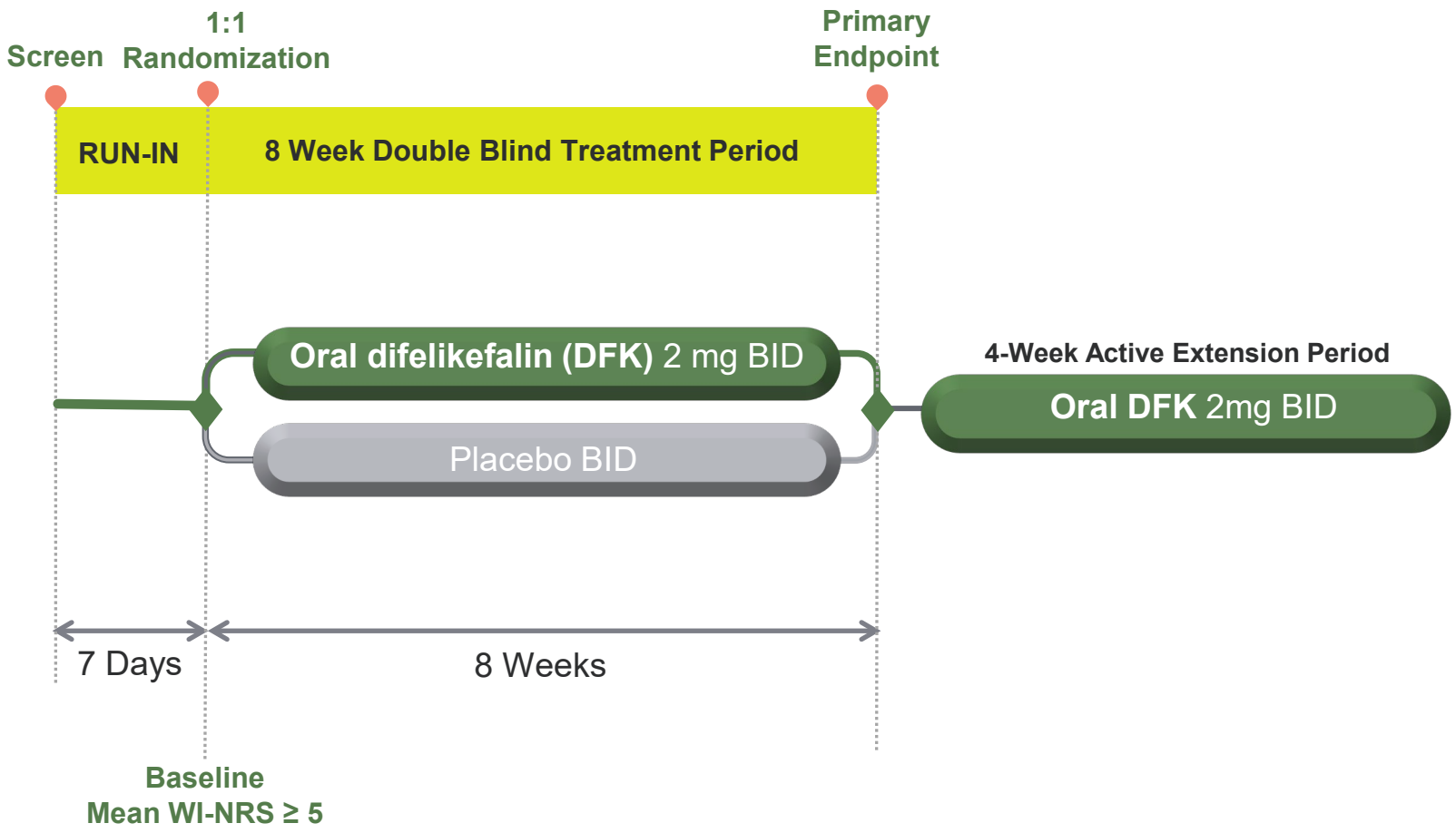
# Oral Difelikefalin Phase 2 KOMFORT Study in Notalgia Paresthetica

*JOANA GONCALVES, MD, CMO, CARA THERAPEUTICS*



Oral difelikefalin is an investigational drug product and its safety and efficacy have not been fully evaluated by any regulatory authority. The FDA approved KORSUVA™ (difelikefalin) injection for the treatment of moderate-to-severe pruritus (itching) associated with chronic kidney disease (CKD-aP) in adults undergoing hemodialysis (HD).

# KOMFORT: POC Phase 2 Study Design




## Primary Endpoint

- Change from baseline in the weekly mean of the daily 24-hr Worst Itch-Numeric Rating Scale (WI-NRS) at Week 8

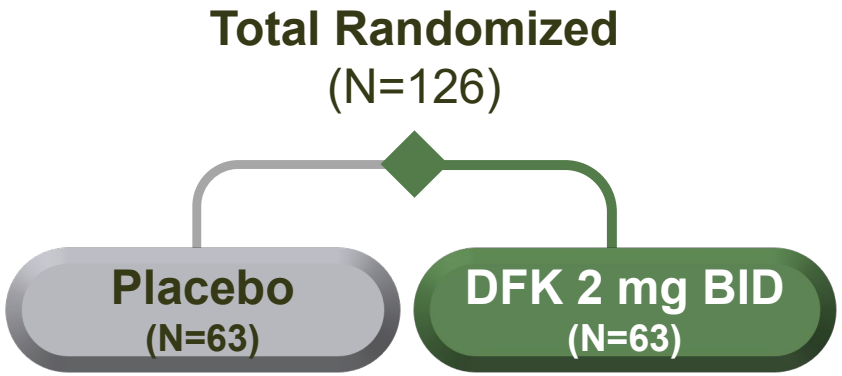
## Other Endpoints

- Proportion of patients achieving ≥4-point improvement in WI-NRS at Week 8
- Complete response[a] in WI-NRS
- QoL assessments
  - Skindex 10
  - MOS Sleep
- Safety Assessments



[a] Complete response was defined as WI-NRS score of 0 or 1 for 70% of the daily non-missing WI-NRS scores for the week.

# Placebo-Controlled Period Patient Disposition




| | Placebo (N=63) | DFK 2 mg BID (N=63) |
|---|---|---|
| **Received Study Treatment** | **63 (100%)** | **62 (98.4%)** |
| **Completed** | **57 (90.5%)** | **49 (77.8%)** |
| **Discontinued** | **6 (9.5%)** | **14 (22.2%)** |
| Adverse event | 4 (6.3%) | 12 (19.0%) |
| Lost to follow-up | 2 (3.2%) | 1 (1.6%) |
| Patient withdrew consent | 0 | 1 (1.6%) |



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# Placebo-Controlled Period
# Patient Demographics & Disease Characteristics

| | Placebo (N=63) | DFK 2 mg BID (N=62) |
|---|---|---|
| Female, n (%) | 42 (66.7%) | 48 (77.4%) |
| Age - Mean (SD) | 60.2 (11.8) | 59.3 (12.4) |
| Race, n (%) | | |
| White | 56 (88.9%) | 49 (79.0%) |
| Black | 4 (6.3%) | 10 (16.1%) |
| Other | 3 (4.8%) | 3 (4.8%) |
| BMI – Mean (SD) | 28.7 (5.2) | 29.7 (5.8) |
| Duration of NP (yrs) – Mean (SD) | 8.15 (7.4) | 8.9 (10.4) |
| Baseline WI-NRS – Mean (SD) | 7.6 (1.4) | 7.6 (1.4) |



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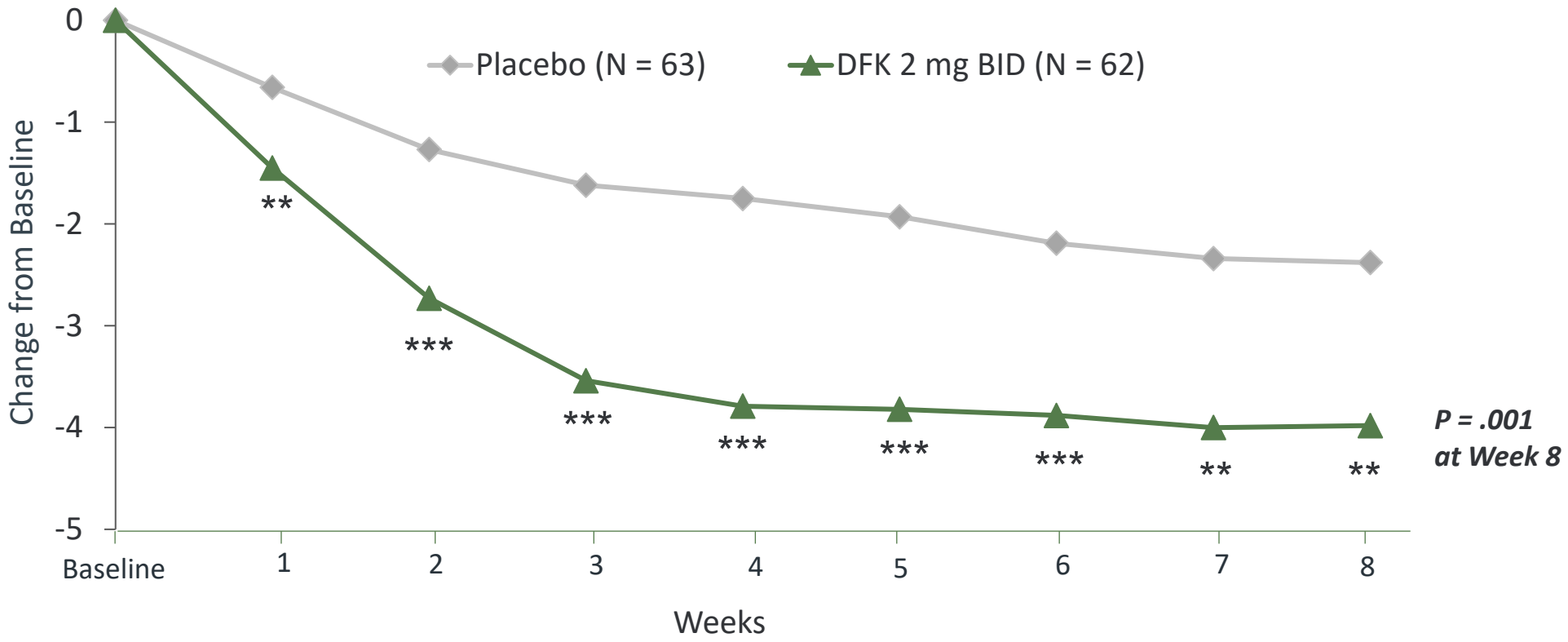
# Primary Endpoint:
# Change from Baseline in Daily WI-NRS at Week 8

**Significant Improvement observed with DFK vs Placebo at All Timepoints**




** P<.05; ** P<.01; *** P<.001*



LS Means from MMRM with terms for treatment, week, treatment by week interaction, and baseline WI-NRS score; Missing data imputed using multiple imputation (MI) under missing at random (MAR) assumption

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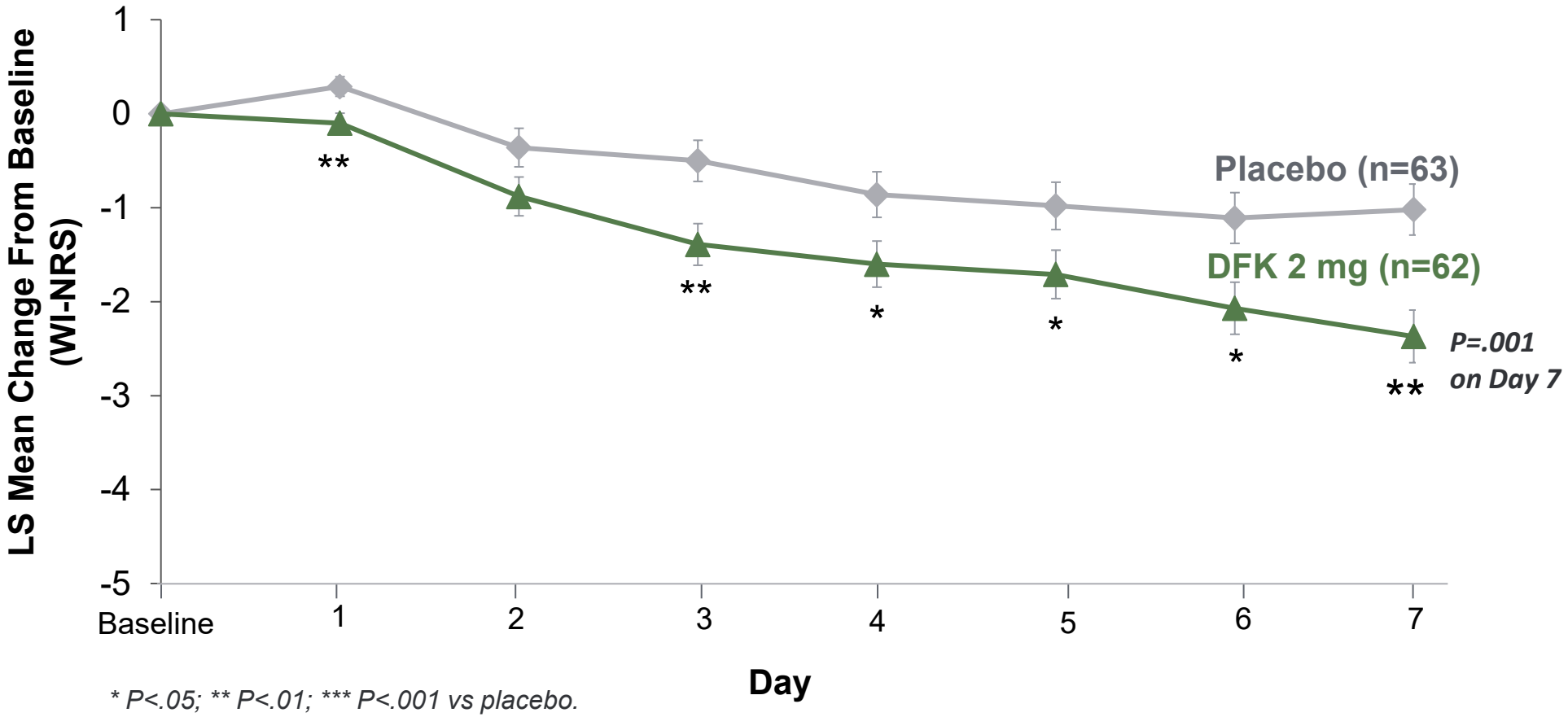
# Change from Baseline in Daily WI-NRS during Week 1

**Improvement observed with DFK vs Placebo at All Timepoints, Starting on Day 1**




** P<.05; ** P<.01; *** P<.001 vs placebo.*

Analysis conducted in ITT population. LS means from mixed effects model with repeated measures with terms for treatment, day, treatment by day interaction, and baseline WI-NRS score. Bars indicate standard error. Missing data were imputed using multiple imputation under missing-at-random assumption.



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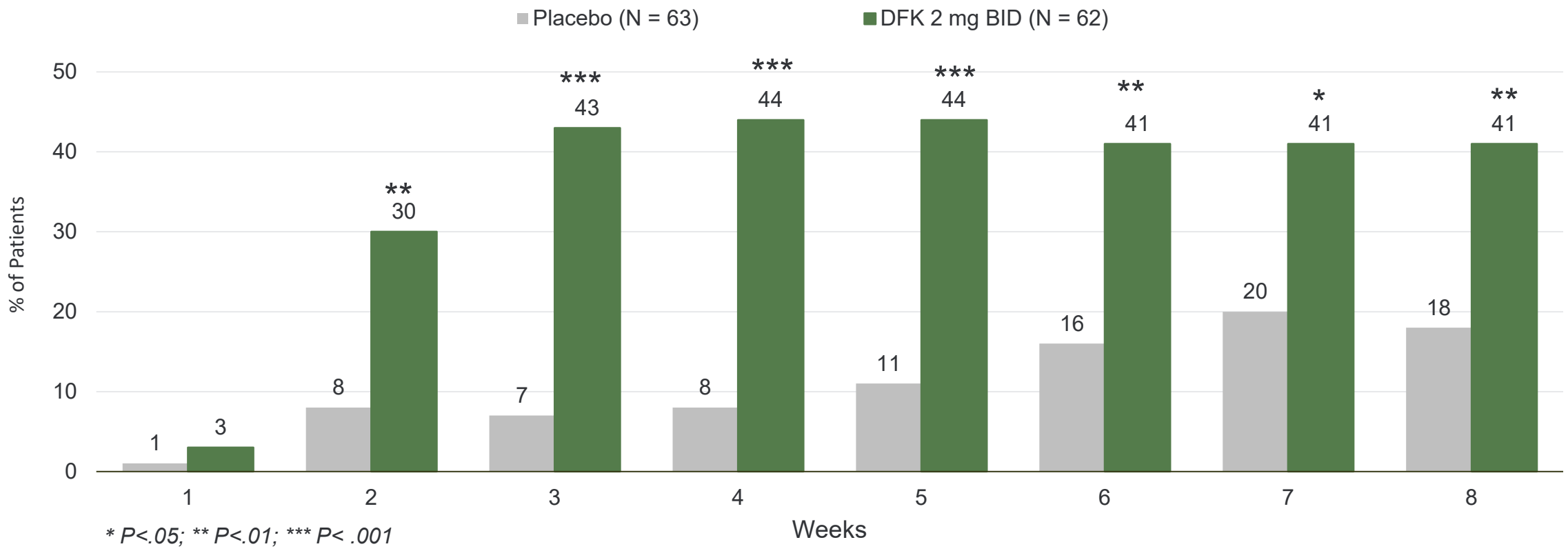
# ≥ 4-point Improvement in WI-NRS

**Significantly Greater Proportion of Patients achieved a ≥4-point Improvement in WI-NRS score at Week 8 with DFK vs Placebo**






Estimated percentages & P-values from a logistic regression with terms for treatment and baseline WI-NRS score; Patients with missing weekly WI-NRS scores for a particular week are categorized as non-responders

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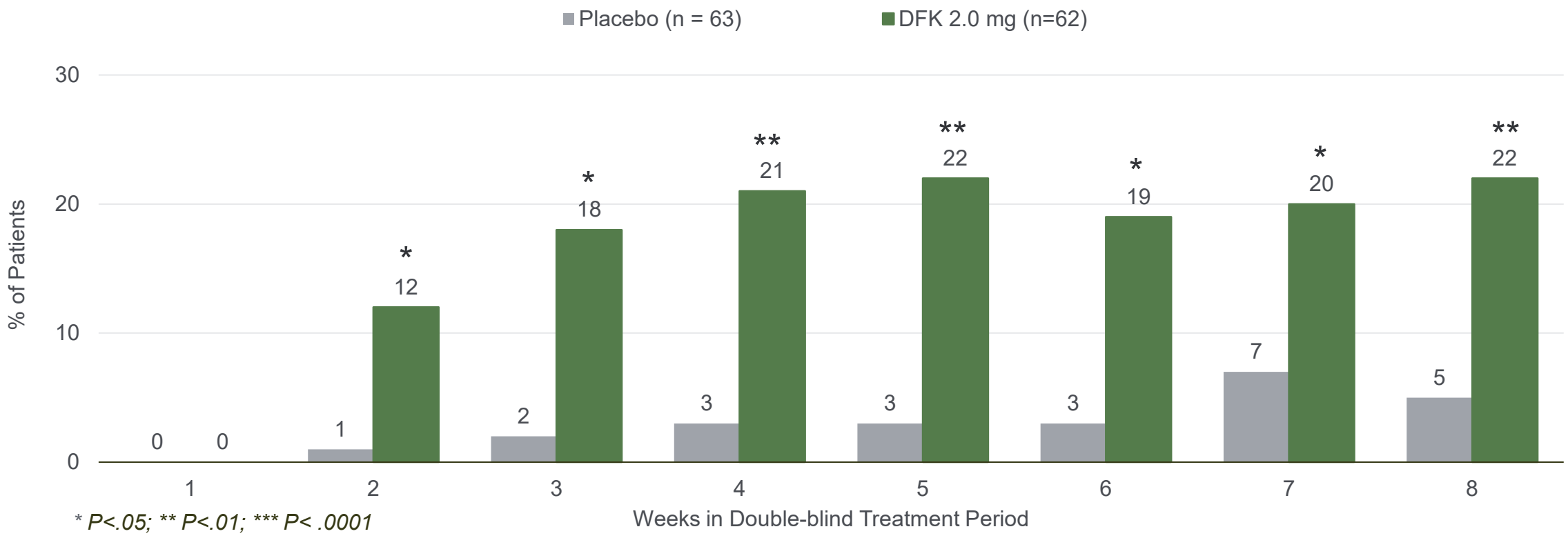
# Complete Responders in WI-NRS

**Significantly Greater Proportion of Patients achieved a Complete Response in WI-NRS score at Week 8 with DFK vs Placebo**




Estimated percentages and P-values from a logistic regression with terms for treatment and baseline WI-NRS score; Patients with missing weekly Wi-NRS scores for a particular week are categorized as non-responders



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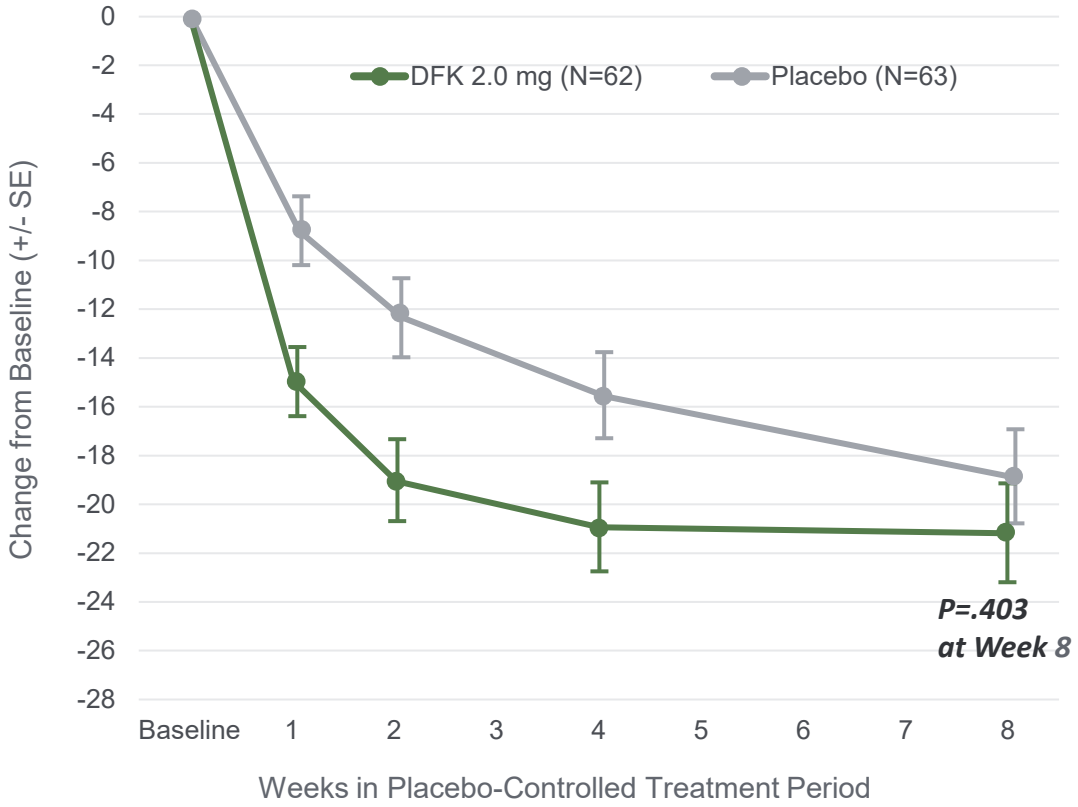
# Quality of Life
# Skindex-10 Total Score

**Statistically Significant Separation at Week 1, 2, 4 and Numerical Separation at Week 8**




| INSTRUCTIONS: During the past WEEK, how often have you been bothered by: | 0 (Never bothered) | 1 | 2 | 3 | 4 | 5 | 6 (Always bothered) | |
|---|---|---|---|---|---|---|---|---|
| 1. Your itching | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Disease Domain |
| 2. The persistence/reoccurrence of your itching | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 3. The appearance of your skin from scratching | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 4. Frustration about your itching | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Mood Domain |
| 5. Being annoyed about your itching | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 6. Feeling depressed about your itching | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 7. Feeling embarrassed about your itching | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | Social Functioning Domain |
| 8. The effects of your itching on your interactions with others (for example: interactions with family, friends, close relationships, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 9. The effects of your itching on your desire to be with people | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 10. The effect of your itching making it hard to work or do what you enjoy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |



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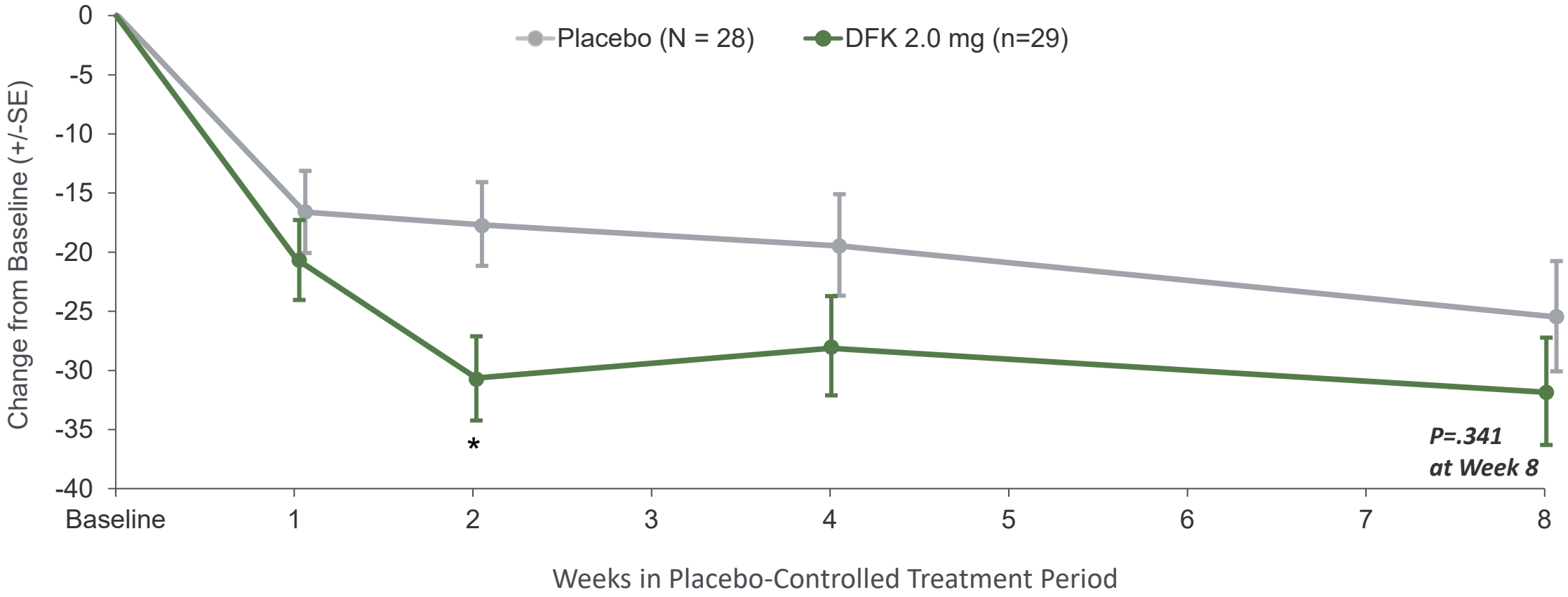
# Quality of Life
# Itch MOS – Itch Related Sleep Disturbance Subscale

## Numerical Separation of DKF vs Placebo at All Time Points



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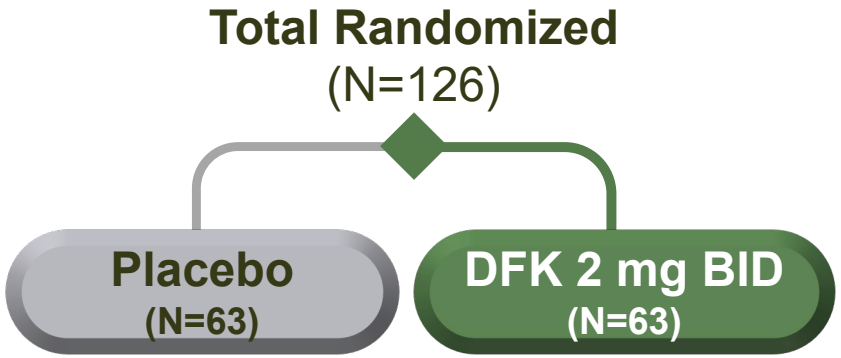
# Active Extension Period Patient Disposition




| | | |
|---|---|---|
| **Placebo-Controlled Period** | | |
| Received Study Treatment | 63 (100%) | 62 (98.4%) |
| Completed | 57 (90.5%) | 49 (77.8%) |
| **Active-Extension Period** | | |
| Received Study Treatment | 55 (87%) | 48 (76%) |
| Completed | 53 | 48 |
| Discontinued Due to AE | 2 | 0 |



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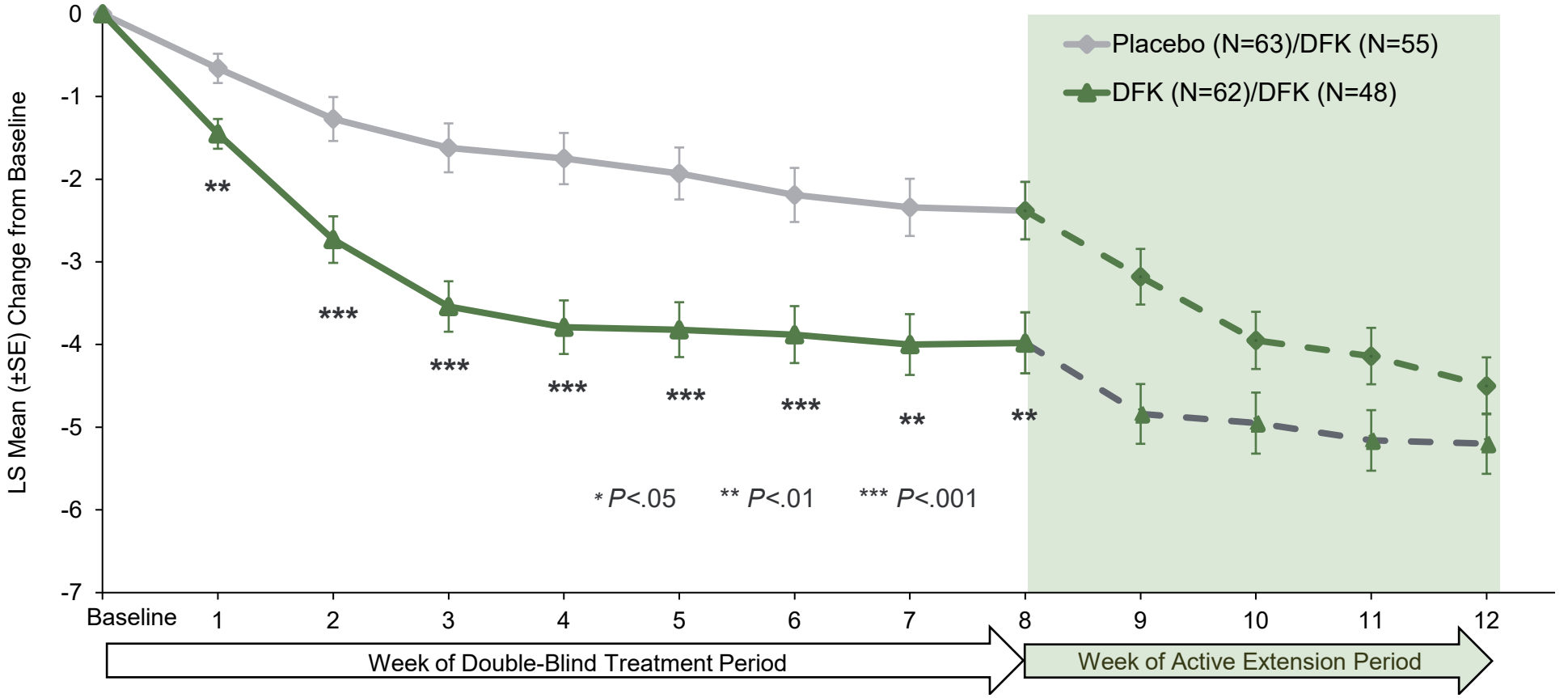
# Change from Baseline in Daily WI-NRS

## Reduction in Itch observed in Placebo-DFK Group and Maintenance of Effect seen in DFK-DFK Group through Week 12




Least squares means and SEs were estimated using a mixed model with repeated measures containing terms for treatment, week, treatment by week interaction, and baseline WI-NRS score. Missing mean weekly WI-NRS values were imputed separately in each study period assuming a missing at random mechanism. P-values are presented for the double-blind treatment period. Placebo patients started DFK 2 mg bid during the active extension period.



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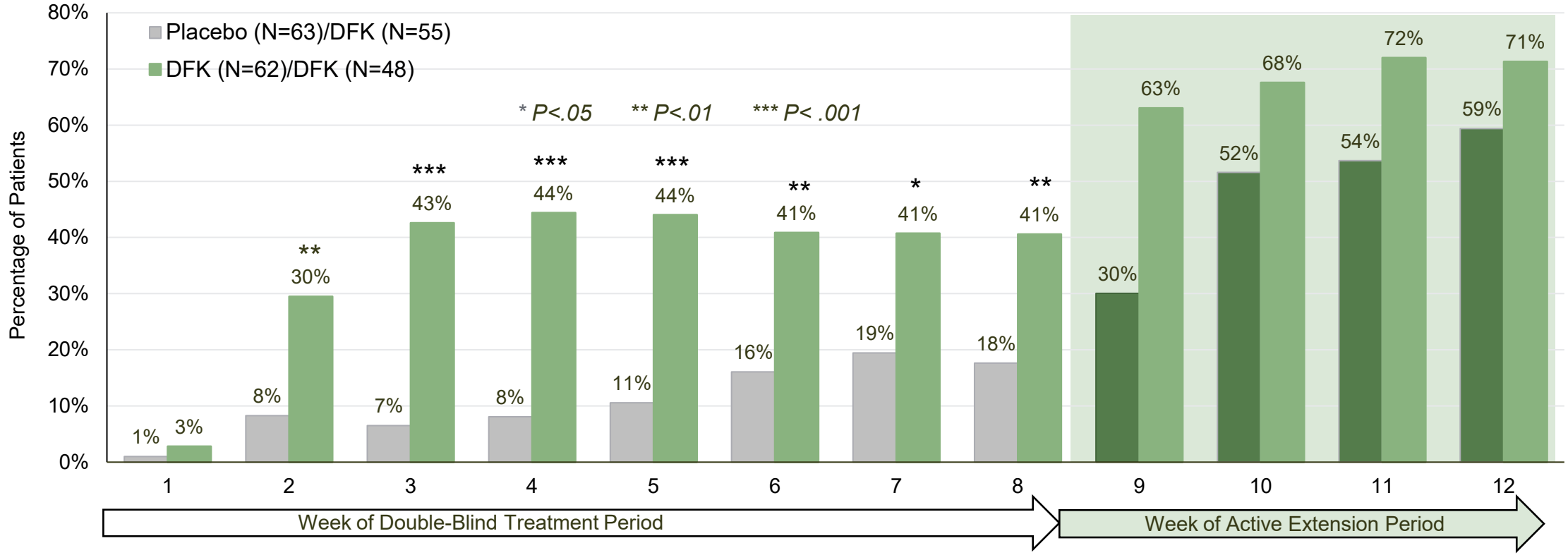
# ≥ 4-point Improvement in WI-NRS

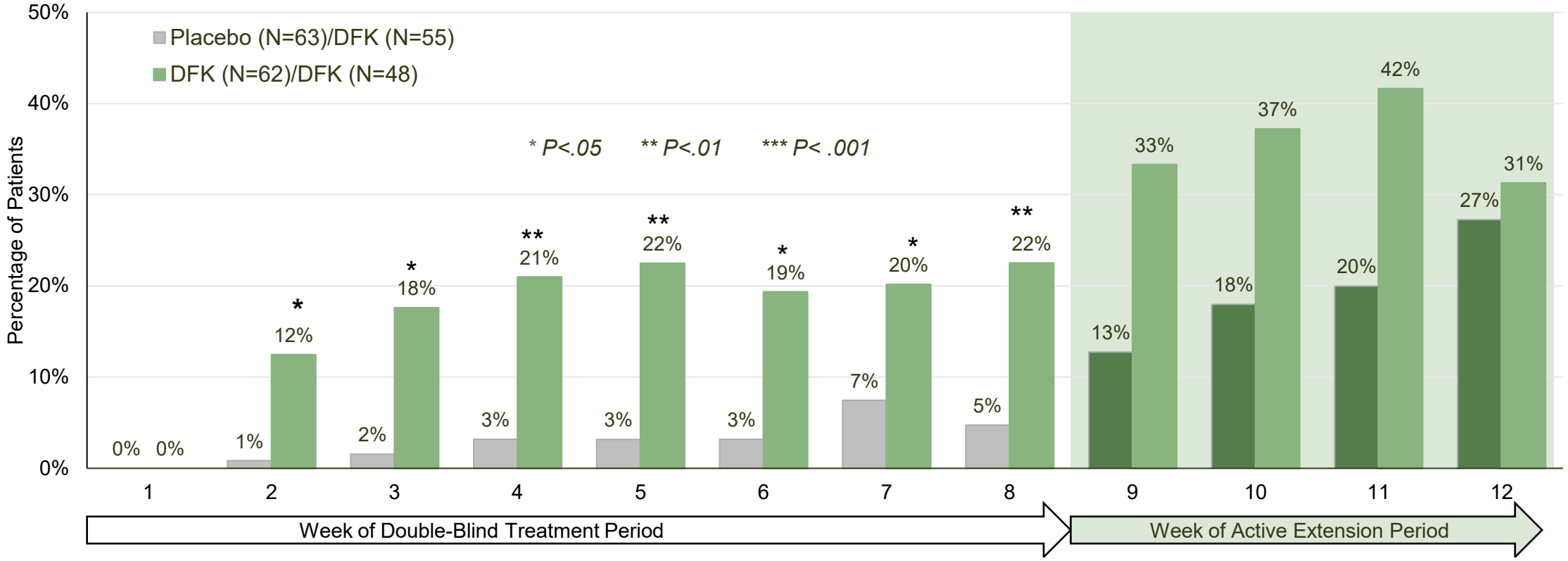
## Placebo/DFK Patients achieved 4-point Improvement and DFK/DFK maintained Response through Week 12




Percentages and P-values were estimated from a logistic regression with terms for treatment and baseline WI-NRS score. Missing mean weekly WI-NRS values were imputed separately in each study period assuming a missing at random mechanism. Patients who discontinued early were categorized as non-responders in subsequent weeks. P-values are presented for the double-blind treatment period. Placebo patients started DFK 2 mg bid during the active extension period.

# Complete Response ≥70% Weekly WI-NRS Values 0 or 1

## Placebo/DFK Patients achieved Complete Response and DFK/DFK maintained Efficacy through Week 12




Percentages and P-values were estimated from a logistic regression with terms for treatment and baseline WI-NRS score. Patients who discontinued early were categorized as non-responders in subsequent weeks. Patients with fewer than 4 daily WI-NRS scores in a week were categorized as non-responders for that week. P-values are presented for the double-blind treatment period. Placebo patients started DFK 2 mg bid during the active extension period.



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# Summary of Adverse Events

| | Placebo-Controlled Period | | Active-Extension Period | |
|---|---|---|---|---|
| | Placebo (N=63) | DFK 2 mg BID (N=62) | Placebo/DFK (N=55) | DFK/DFK (N=48) |
| Patients with at least one TEAE, n (%) | 32 (50.6%) | 35 (56.5%) | 17(30.9%) | 12 (25%) |
| Patients with at least one serious TEAE, n (%) | 0 | 0 | 0 | 0 |
| Patients with TEAE resulting in treatment discontinuation, n (%) | 4 (6.3%) | 12 (19.4%) | 2 (3.6%) | 0 |


Safety analyses performed in the safety population, defined as all randomized patients who received ≥1 dose of study drug based on actual treatment received.

# Most Commonly Reported TEAEs

| Treatment-emergent Adverse Events at ≥5% frequency; n (%) | Placebo (N=63) | DFK 2 mg BID (N=62) |
|---|---|---|
| Nausea | 7 (11.1%) | 8 (12.9%) |
| Abdominal pain* | 8 (12.7%) | 7 (11.3%) |
| Headache | 3 (4.8%) | 7 (11.3%) |
| Dizziness | 2 (3.2%) | 7 (11.3%) |
| Constipation | 4 (6.3%) | 6 (9.7%) |
| Urine output increased# | 1 (1.6%) | 5 (8.1%) |

**Constipation was the only AE reported >5% during the Active Extension Period; Placebo/DFK 3 (5.5%) versus DFK/DFK 0 (0%).**


Safety analyses performed in the safety population, defined as all randomized patients who received ≥1 dose of study drug based on actual treatment received.
*includes PTs abdominal pain, abdominal pain upper, abdominal discomfort, abdominal pain lower; #includes urine output increased and pollakiuria

# KOMFORT Phase 2 Summary

- Oral difelikefalin demonstrated strong anti-pruritic effect in patients with Notalgia Paresthetica
  - **Primary endpoint met**
  - Rapid onset of action with significant improvements achieved **at Day** 1 and **maintained through Week 12**
  - Significantly greater proportion of patients on difelikefalin had **≥ 4-point improvement** and **complete response starting at Week 2** and **sustained through Week 12**
  - **Improvements in QoL and sleep** reported through Week 8
  - Similar efficacy noted for placebo/DFK cross-over
- Oral difelikefalin was generally **well tolerated** with a **favorable safety profile**
- Next steps include engaging with FDA on path forward **by Q4 2022**



Oral difelikefalin is an investigational drug product and its safety and efficacy have not been fully evaluated by any regulatory authority. The FDA approved KORSUVA™ (difelikefalin) injection for the treatment of moderate-to-severe pruritus (itching) associated with chronic kidney disease (CKD-aP) in adults undergoing hemodialysis (HD).

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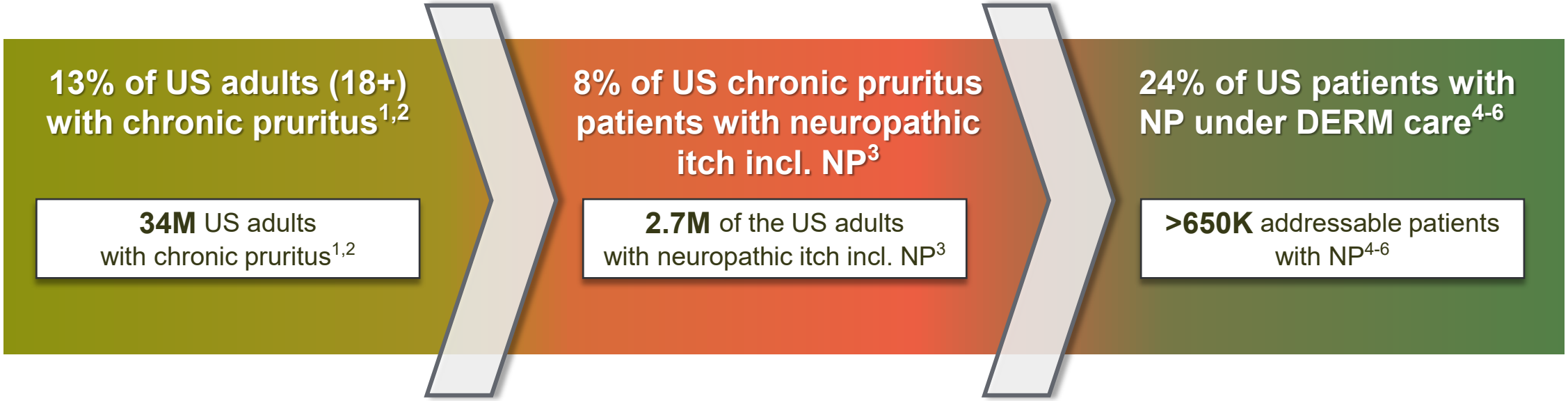
# Market Assessment and Commercial Opportunity in Notalgia Paresthetica

*ERIC VANDAL, SVP, COMMERCIAL, CARA THERAPEUTICS*

# Notalgia Paresthetica: A Sizable Market Opportunity




**Sizable Patient Population**

**Widely Underdiagnosed**

**No FDA-Approved Therapies**

Source: 1. US Census Bureau 2020 population projection; 2. Mollanazar NK et al., Current Derm Report 2015: 4;20-29; 3. Pereira P. et al., Acta DV 2018; 98:82-88; 4. Syneos Health qualitative primary research of US dermatologists, Feb 2022; 5. Syneos Health quantitative research of derm office administrators, March 2022; 6. IQVIA, KOMODO, and RxDataScience Apollo claims database



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# Notalgia Paresthetica: Patient Qualitative Survey

## Diagnosis

**93%** diagnosis by dermatologist

**90%** back itching reason to see a doctor

## Symptoms

**83%** itching daily on upper/middle portion of the back

## Treatment

**67%** treatments were not helpful

**73%** currently not on therapy

## Impact on Patient's Life

**70%** impacted emotions or mood

**40%** impacted sleep

 Source: JAAD International, Understanding the patient experience of living with notalgia paresthetica: A qualitative interview study. Volume 8, P94-101, September 01, 2022

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# Dermatologists try a Number of Off-label Treatments with Limited Success

| Treatment Options for NP | | Comments |
|---|---|---|
| **Topical** | Corticosteroids, Capsaicin | • Corticosteroids are a commonly used treatment. Also used in combination with other drugs<br>• Some patients have difficulty applying topicals due to the location of the itch |
| **Oral** | Gabapentin, Pregabalin, Antidepressants | Key issues include:<br>• Side effects<br>• Lack of predictable efficacy |
| **Other** | Nerve Block, Botox A, Phototherapy | • These treatments can require referrals to other specialties (e.g., radiologists, orthopedists, neurologists)<br>• Insurance coverage can be an issue |



Source: Syneos Health primary research of US dermatologists, February 2022 (N=20)

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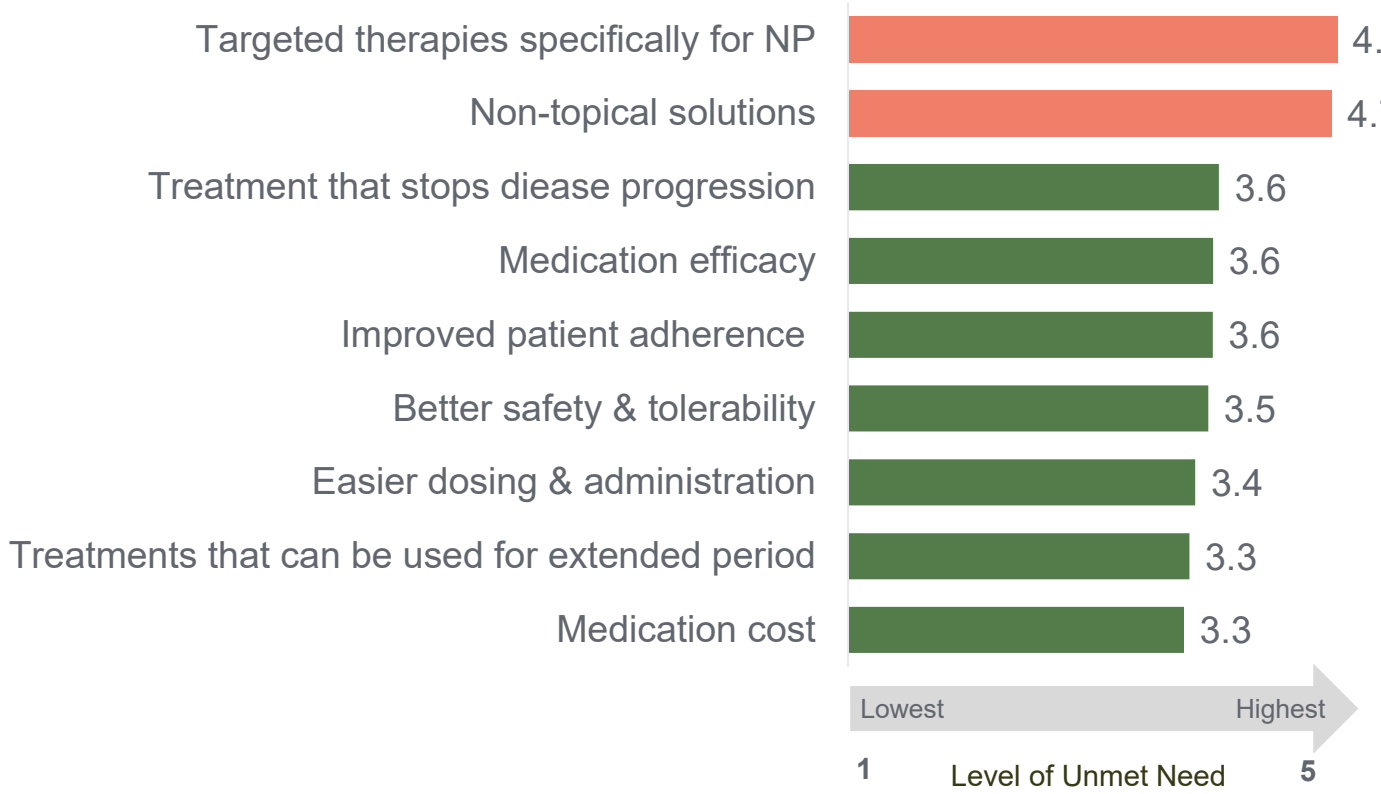
# Dermatologists are Frustrated by the Lack of Efficacy with Current Off-Label Options

## Avg. Ratings of Unmet Needs in NP (N=17)




 | Source: Syneos Health primary research of US dermatologists, February 2022 (N=20)

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# Oral DFK may help address a Significant Unmet Need

Oral DFK can potentially address a significant patient population that is widely underdiagnosed

There are no approved therapies to treat pruritus related to NP

Dermatologists are looking for a product that is approved for NP with demonstrated safety and efficacy in this patient population

Dermatologists looking for an oral product that is easier for patients to use given the location of their itch



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# Thank you