

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d) of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported) **March 11, 2022**

CARA THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-36279
(Commission
File Number)

75-3175693
(IRS Employer
Identification No.)

4 Stamford Plaza
107 Elm Street, 9th Floor
Stamford, Connecticut
(Address of principal executive offices)

06902
(Zip Code)

Registrant's telephone number, including area code **(203) 406-3700**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2.):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, par value \$0.001 per share	CARA	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. .

Item 7.01. Regulation FD Disclosure.

On March 11, 2022, Cara Therapeutics, Inc. (the “Company”) made available an updated corporate presentation, which can be found on the Company’s website (the “Corporate Presentation”). The Corporate Presentation is furnished as Exhibit 99.1 and incorporated by reference in this Item 7.01.

The information furnished under this Item 7.01, including Exhibit 99.1, shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934 (the “Exchange Act”) or subject to the liabilities of that section, nor shall it be deemed to be incorporated by reference into any of the Company’s filings with the Securities and Exchange Commission (“SEC”) under the Exchange Act or the Securities Act of 1933, as amended, (the “Securities Act”) whether made before or after the date hereof, regardless of any general incorporation language in such a filing. The information shall not be deemed incorporated by reference into any other filing with the SEC made by the Company, regardless of any general incorporation language in such filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
<u>99.1</u>	<u>Corporate Presentation, dated March 11, 2022</u>
104	Cover page interactive data file (formatted as Inline XBRL)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CARA THERAPEUTICS, INC.

By: /s/ THOMAS REILLY

Thomas Reilly
Chief Financial Officer
(Principal Financial and Accounting Officer)

Date: March 11, 2022

Cara Therapeutics

CORPORATE PRESENTATION

MARCH 2022



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 Company's ability to commercialize KORSUVA™ (difelikefalin) injection, including the timing of additional regulatory submissions and approvals, the Company's ability to obtain and maintain coverage and adequate reimbursement for KORSUVA Injection, potential timeline for launch of KORSUVA injection, the potential timeline for post-TDAPA reimbursement, the potential of KORSUVA injection to be a therapeutic option for CKD-aP in dialysis dependent patients and the potential for KORSUVA to address additional pruritic indications, the performance of our commercial partners, including Vifor Pharma, 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 potential for the Company's product candidates to be alternatives in the therapeutic areas investigated, the Company's expected cash reach, and the potential impact of COVID-19 on the Company's commercial launch, 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 ended 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.

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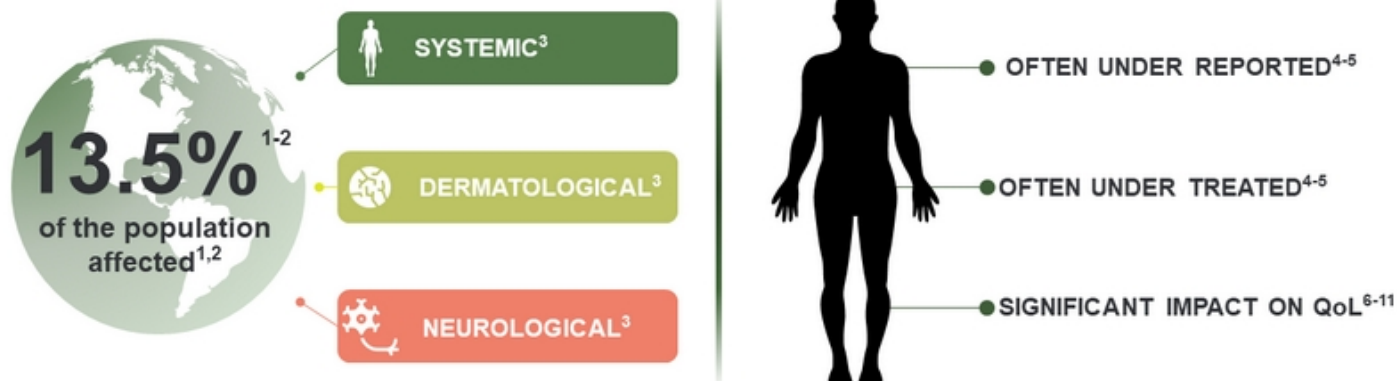


OUR MISSION:

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






About 1 in 8 people suffer from chronic pruritus



1. Matsume U et al. Prevalence, comorbidity and characteristics of chronic pruritus: a population-based, cross-sectional study. *Acta Derm Venereol.* 2011;91(6):674-9. 2. Matsume U et al. Incidence and determinants of chronic pruritus: a population-based, cohort study. *Acta Derm Venereol.* 2013;93(5):532-7. 3. Adapted from Weisshaar et al. European S2k Guideline on Chronic Pruritus. *Acta Derm Venereol* 2016; 96(5): 489-506. Sandber et al. Clinical Classification of Itch. *Acta Derm Ven* 2007; 87:261-294. 4. Rayner HC et al. *Clin J Am Soc Nephrol* 2017;12:2000-7. 5. Hegels VS et al. Pruritus is Common and Underreated in Patients With Primary Biliary Cholangitis in the United Kingdom. *Clinical Gastroenterology and Hepatology* 2019. 6. Pleswig N et al. The course of chronic itch in hemodialysis patients: results of a 4-year follow-up study of GCIHS (German Epidemiological Hemodialysis Itch Study). *J Eur Acad Dermatol Venerol.* 2019;33:1429-1435. 7. Mahur VS et al. A longitudinal study of uremic pruritus in hemodialysis patients. *Clin J Am Soc Nephrol.* 2010; 5:1410-1415. 8. Yatspovich G et al. A questionnaire for the assessment of pruritus: validation in uremic patients. *Acta Derm Venereol.* 2001;81:105-111. 9. Ralman RJ, et al. Prevalence of chronic kidney disease-associated pruritus, and association with sleep quality among hemodialysis patients in Pakistan. *PLoS One* 2018;13:e0207755. 10. Pisoni RL et al. Pruritus in hemodialysis patients: international results from the Dialysis Outcomes and Practice Patterns Study (DOPPS). *Nephrol Dial Transplant* 2008;23:365-369. 11. Ramakrishnan K et al. Clinical characteristics and outcomes of end-stage renal disease patients with self-reported pruritus symptoms. *Int J Nephrol Renovasc Dis* 2014;7:1-12.

Millions of US patients could benefit from a chronic pruritus therapy

Estimated US Addressable Pruritus 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	1M

5 | 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://nces.ed.gov/ipeds/data/ipedsdatatool.aspx?Qtrum=Q372>. 4. DataMonitor 5. States Renal Data System <https://edr.ndms.org/2020/chronic-kidney-disease1-ckd-in-the-general-population>. 6. Wang 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 Nephrol*. 2016; 11(10): 1825-1833. 7. Sakaf N et al. Pruritus and patient reported outcomes in nondialysis CKD. *Clin J Am Soc Nephrol* 2019; 673-681. 8. Centers for Disease Control and Prevention <https://www.cdc.gov/nchs/data/asth/liver-disease.htm>. 9. Obae S et al. Prevalence of pruritus in patients with chronic liver disease: A multicenter study. *Hepatology: Research*. 2015; 29(3): C252-C262. 10. Fujino H et al. Pruritus in patients with chronic liver disease and serum autoantibody levels in patients with primary biliary cholangitis. *BMC Gastroenterology*. 2019; 19:189. 11. Yashikawa 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 Association. <https://nationaleczema.org/glossary/types-of-eczema/atopic-dermatitis/>. 14. DRG Analysis. 15. Mallamaci NK, Smith PK, Yampovitch G. Mediators of chronic pruritus in atopic dermatitis: getting the itch out? *Clin Rev Allergy Immunol*. (2016) 51:263-82. 16. Data on file.

Prepared for significant immediate and future growth



First-and-only FDA-approved treatment for CKD-aP in HD



Robust R&D engine with multiple pipeline indications



Significant market opportunity & strong financial foundation to deliver growth strategy

KORSUVA Injection to launch in US in April 2022

POSITIONED FOR RAPID UPTAKE

NOW APPROVED
& COMING SOON
KORSUVA™
(difelikefalin) Injection



FIRST-AND-ONLY PRODUCT APPROVED FOR CKD-aP in HD



STRONG COMMERCIAL POSITIONING & PARTNERSHIP



FIRST INNOVATIVE PRODUCT TO RECEIVE TDAPA

7 | Korsuva is indicated for the treatment of moderate-to-severe pruritus associated with chronic kidney disease (CKD-aP) in adults undergoing hemodialysis (HD). Limitations of Use Korsuva has not been studied in patients on peritoneal dialysis and is not recommended for use in this population

CARA
THERAPEUTICS

KORSUVA Injection addresses significant unmet need in US CKD-aP hemodialysis market

~500K

Patients on hemodialysis^{1,2}

40%

With moderate-severe pruritus²

~200K

Addressable Market

- 8 |
1. National Institute of Diabetes and Digestive and Kidney Diseases. <https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease>.
 2. USRDS. <https://adr.usrds.org/2021/end-stage-renal-disease/1-incidence-prevalence-patient-characteristics-and-treatment-modalities>
 3. 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.

KORSUVA Injection first and only FDA approved therapy for CKD-aP in HD

NOW APPROVED
& COMING SOON
KORSUVA™
(difelikefalin) Injection



First-and-Only FDA approved therapy to address CKD-aP-HD

- Current therapies are generally ineffective or poorly tolerated
- Breakthrough Therapy Designation
- Priority Review

Largest clinical development program for CKD-aP in HD with 1300 participants

Favorable safety profile

- Non-scheduled
- Most common AEs were diarrhea, dizziness, and nausea

Concentrated market dynamics can facilitate rapid uptake

2 Key Providers

- Fresenius Medical Care and DaVita have a combined market share of ~75%¹



1 Major Payer

- Medicare covers ~80% of CKD-HD patients²
- 2nd drug in TDAPA
 - 1st drug Parsabiv - \$1.4B revenue in 3-yr period³



10 | 1. <https://healthcareappraisers.com/2020-outlook-dialysis-clinics-and-esrd/>
2. <https://adr.usrds.org/2020/end-stage-renal-disease/9-healthcare-expenditures-for-persons-with-esrd>
3. Amgen Annual Report 2018, 2019, 2020



Partnership with Vifor Pharma can maximize launch potential



Leading commercial nephrology organization with turnkey infrastructure, including 100+ sales FTEs



Strong relationships with US nephrology offices and dialysis centers, including joint venture with Fresenius Medical Care



Contractual economics bring near term profitability for KORSUVA Injection

Favorable reimbursement for KORSUVA Injection



Granted TDAPA and J-Code by CMS effective April 1, 2022



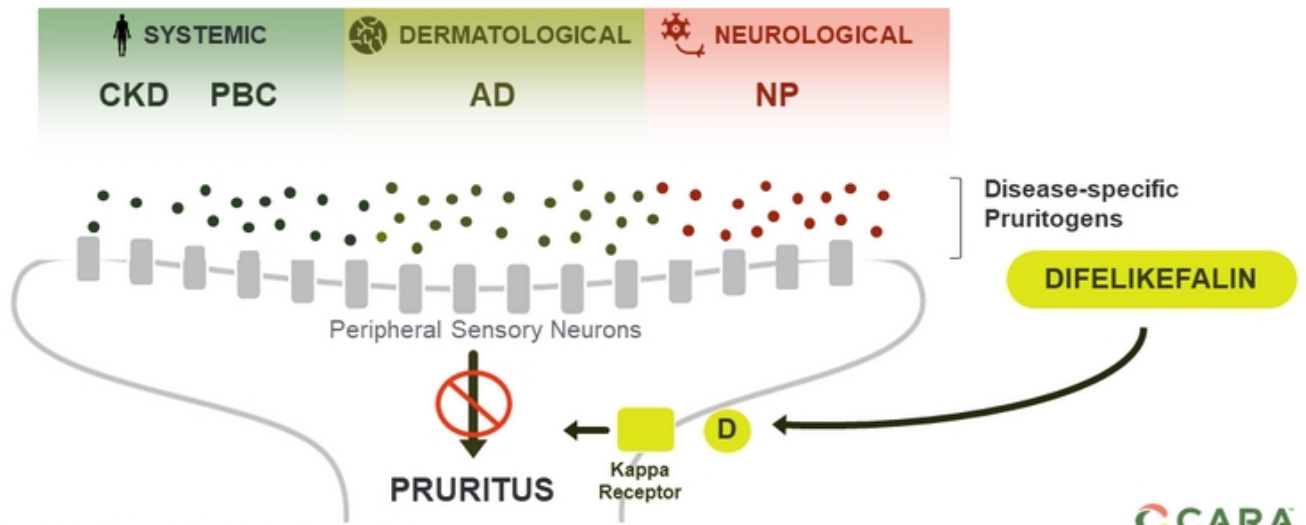
TDAPA allows for KORSUVA to be billed separately from the ESRD bundle for at least two years



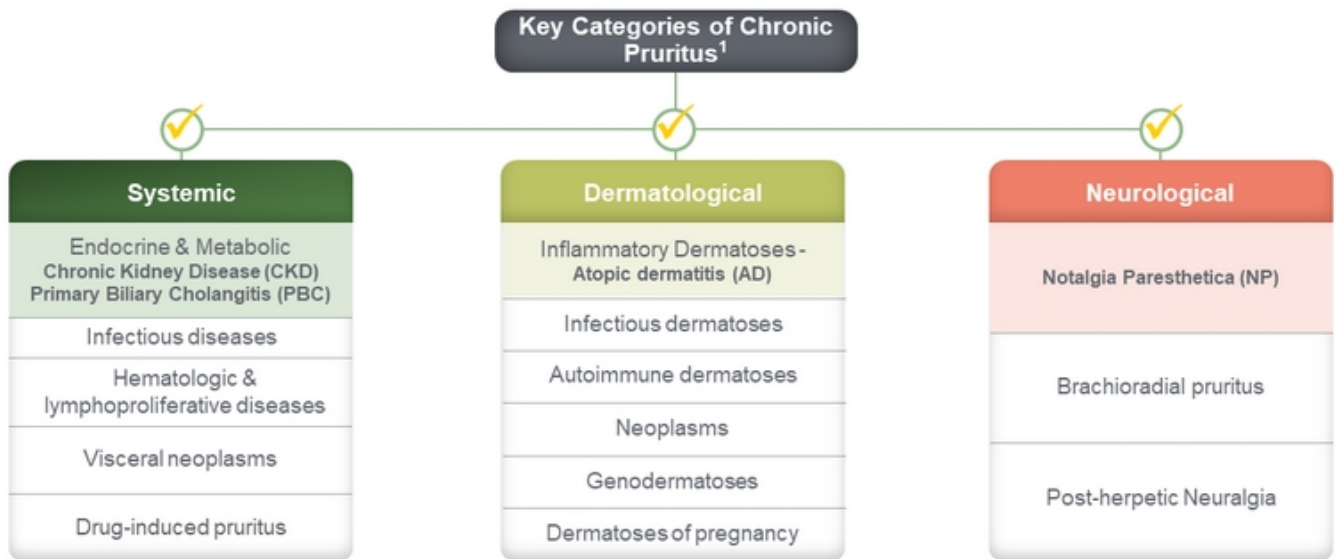
CMS leadership to engage with Cara and Vifor Pharma ensuring patient access, including post-TDAPA

Difelikefalin MOA has potentially broad application

Difelikefalin blocks itch response agnostic of itch trigger



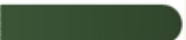












Oral difelikefalin has potential for long-term growth



14 | 1. Mallerne U. et al. Prevalence, correlates and characteristics of chronic pruritus: a population-based cross-sectional study. Acta Derm Venereol 2011;91(6):674-9. 2. Mallerne U et al. Incidence and determinants of chronic pruritus: a population-based cohort study. Acta Derm Venereol 2013;93(5):532-7. 3. Adapted from: Stander S. et al. Clinical classification of itch: a position paper of the international forum for the study of itch. Acta Derm Venereol 2007. 87: 291-294.

Advancing our late-stage pipeline in multiple indications

Program	Indication	STAGE OF DEVELOPMENT				Commercial Rights (ex-Japan and S. Korea) ^a
		Phase 1	Phase 2	Phase 3	Approved	
KORSUVA™ Injection	Pruritus HD-CKD					US- Vifor* EU/Other- VFMCRP#
Oral difelikefalin	Pruritus NDD-CKD (stages IV-V)					Cara
Oral difelikefalin	Pruritus in Atopic Dermatitis					Cara
Oral difelikefalin	Pruritus in NP					Cara
Oral difelikefalin	Pruritus PBC					Cara

15 | ^a Commercialization rights to difelikefalin in defined indications - Japan: Maruishi Pharmaceutical Co, LTD; South Korea: Chong Kun Dang Pharmaceuticals. # Vifor Fresenius Medical Care Renal Pharma (VFMCRP) and Cara have rights to promote in Fresenius Medical Care dialysis clinics in the US under a profit share agreement. * Vifor has commercial rights in Non-US Fresenius clinics under a profit-share arrangement. HD CKD-aP: Hemodialysis Chronic Kidney Disease-associated Pruritus; NDD-CKD-aP: Non-Dialysis Dependent Chronic Kidney Disease associated Pruritus



Oral difelikefalin: expanding reach in non-dialysis CKD market



Pruritis control is a significant unmet need among non-dialysis CKD patients¹



There are no FDA-approved therapies and current anti-pruritic approaches are inadequate¹



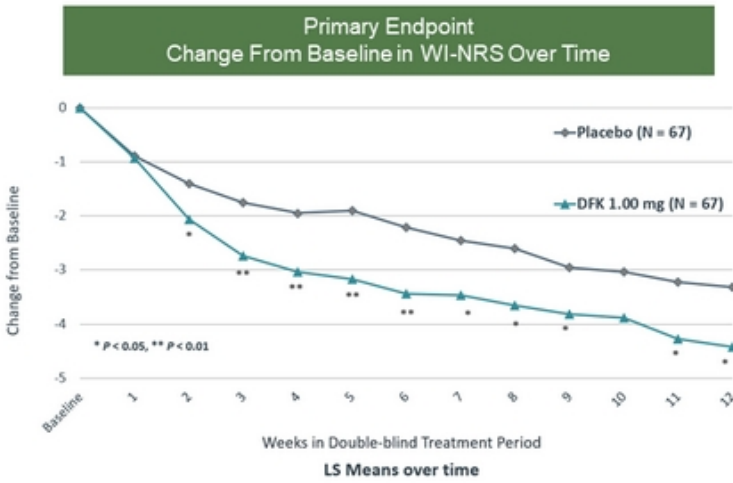
Approximately 1.2 million US patients have advanced (stage 4-5) non-dialysis CKD²⁻⁵



~30% advanced non-dialysis CKD patients experience moderate to severe pruritus⁶

16 | 1. Makar M et al. Chronic kidney disease associated pruritus: a review. *Kidney Blood Press Res* 2021. 46:659-669. 2. Centers for Disease Control and Prevention <https://nccd.cdc.gov/ckd/detail.aspx?Qnum=Q372>. 3. DataMonitor 4. States Renal Data System <https://adr.usrds.org/2020/chronic-kidney-disease/1-ckd-in-the-general-population>. 5. 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 Nephrol*. 2016. 11(10): 1825-1833. 6. Sukul N et al. Pruritus and patient reported outcomes in non-dialysis CKD. *Clin J Am Soc Nephrol* 2019. 673-681. 7. Mettang T and Kremer AE. Uremic Pruritus. *Kidney International*. 2015. 87:685-691

Phase 2 data in NDD-CKD-aP provides path forward into Phase 3



- ✓ Significant difference achieved between 1mg oral difelikefalin and placebo in WI-NRS score at Week 12
- ✓ Generally well-tolerated with safety profile consistent with clinical development program
- ✓ Phase 2 findings and EOP2 discussion with FDA established dose and patient population in Advanced CKD for Phase 3 trial

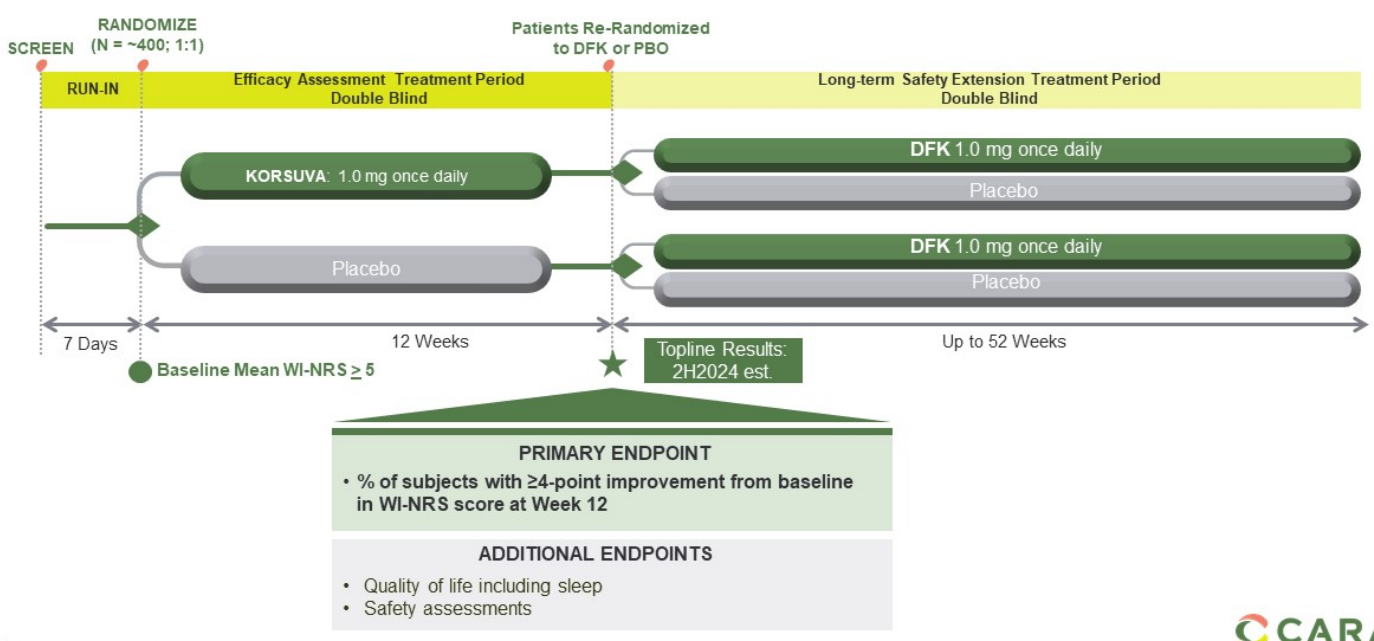
KICK 1 & KICK 2: Patient Population

STUDY PATIENT POPULATION

- Adults with advanced stage 4 and 5 CKD
- Chronic Pruritus for at least 6 months prior to screening
- Moderate to Severe Pruritus at Baseline (WI-NRS \geq 5)
- Allowed to be on stable treatment for itch including antihistamines and gabapentinoids

STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5
Normal	Increased Risk	Kidney Damage	Reduced Function	Kidney failure
Non Dialysis Dependent				Dialysis Dependent
Oral Difelikefalin (KICK trials)				KORSUVA [®] (difelikefalin) Injection

KICK 1 & KICK 2: Study Design



19 | KICK1 US sites only, KICK2 US and ex-US sites

Oral difelikefalin: potential to address significant need for an oral antipruritic in atopic dermatitis (AD)



Pruritus is a hallmark of AD, often called “the itch that rashes”¹



Itch is considered the most burdensome AD symptom by patients,² strongly and negatively impacts quality of life³



~12M diagnosed patients that experience chronic pruritus⁴⁻⁶

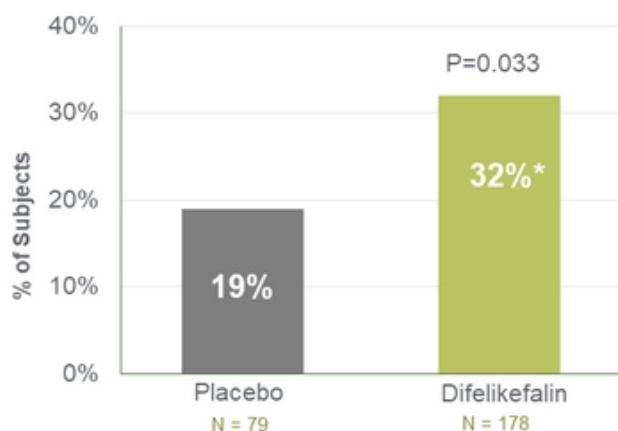


Targeting pruritus in AD remains unmet need

20 | 1. Correale CE et al. Atopic dermatitis: a review of diagnosis and treatment. *Am Fam Physician*. 1999. 60(4):1191-1198. 2. Silverberg JI et al. Patient burden and quality of life in atopic dermatitis in US adults. *Annals of Allergy, Asthma, and Immunology* (2018). 121(3): 340-347. 3. Legat FJ. Itch in atopic dermatitis – what is new? *Front Med (Lausanne)* 2021. 8:644760. 4. National Eczema Association. <https://nationaleczema.org/eczema/types-of-eczema/atopic-dermatitis/> 5. DRG Analysis. 6. Molanazar NK, Smith PK, Yesipovitch G. Mediators of chronic pruritus in atopic dermatitis: getting the itch out? *Clin Rev Allergy Immunol*. (2016) 51:263–92. 7. Lipman et al. Current clinical options for the management of itch in atopic dermatitis. *Clin Cosmet Investig Dermatol*. 2021. 14:959-969. 8. Kapur S et al. Atopic dermatitis. *Allergy Asthma and Clin Immunol*. 2018. 14(Suppl2):52.

KARE STUDY: Phase 2 data in Atopic Dermatitis (AD)

Population: Mild to Moderate AD (BSA <10)
4-point Responder Analysis at Week 12



* All doses performed similarly (.25mg, .50mg, 1.0mg) versus PBO

- ✓ Anti-pruritic effect started at week 1 and was sustained through week 12
- ✓ Statistical significance achieved for the registration endpoint (4-point responder) in mild-to-moderate AD population
- ✓ The drug was generally well tolerated

KIND 1 & KIND 2: Patient Population

STUDY PATIENT POPULATION

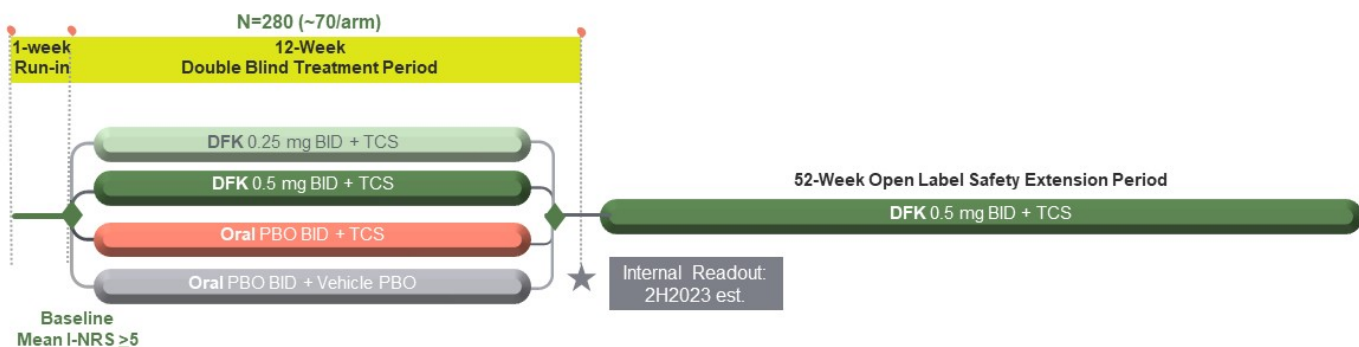
- Adults with AD-related pruritus not adequately controlled by topical therapy alone
- Chronic AD-related Pruritus ≥ 6 weeks
- Moderate to Severe Pruritus at Baseline (I-NRS ≥ 5)
- Mild to severe Atopic Dermatitis:
 - IGA ≥ 2 , BSA $\leq 20\%$
- Patients need to be washed out of any medication that may impact itch and/or AD prior to screening
- Stratification to BSA $< 10\%$ and $\geq 10\%$

Target Enrollment

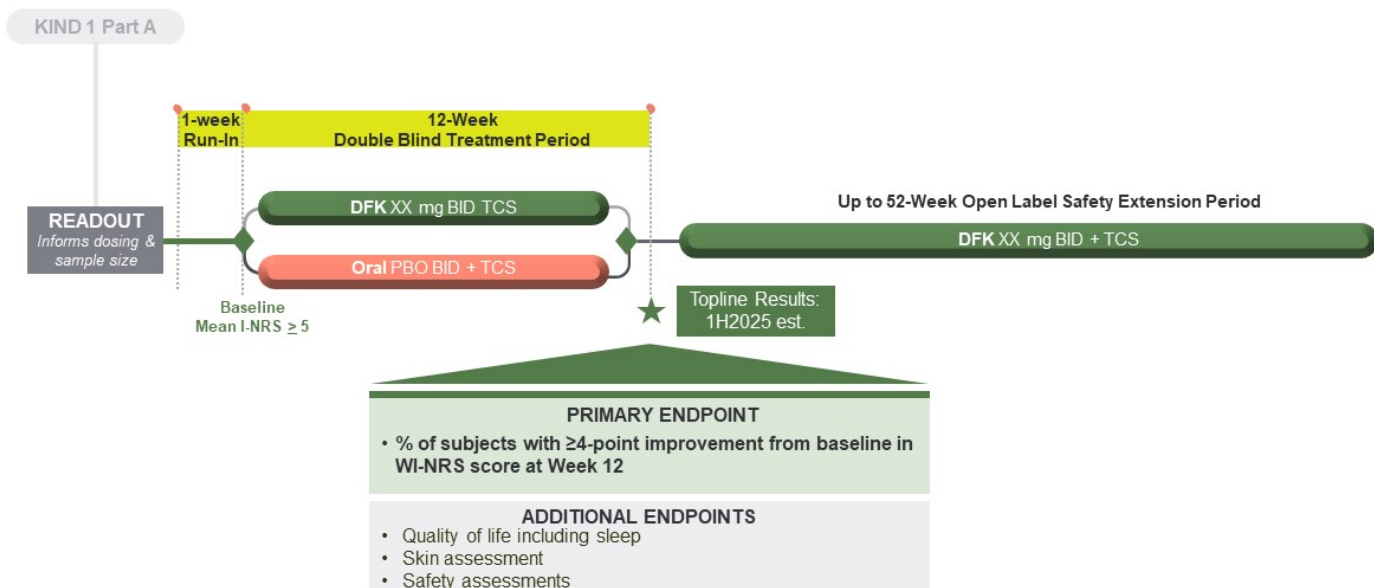
15%
Patient Population
BSA $\geq 10\%$

85%
Patient Population
BSA $< 10\%$

KIND 1 Part A: Study Design



KIND 1 Part B & KIND 2: Study Design



24 | KIND 1 Part B will include sites in North America only, while KIND 2 will include sites in North America and outside of North America

Oral difelikefalin: potential to address significant need in Notalgia Paresthetica (NP)



NP is a sensory neuropathic syndrome characterized by chronic pruritus



Pruritus is burdensome decreasing quality of life¹



Estimated that 1M patients suffer from NP²



No FDA-approved treatments

Phase 2 Readout Anticipated Q2 2022

25 | 1. Howard M et al. Notalgia paresthetica: a review for dermatologists. Int J of Derm. 2017. 388-392. 2. Data on file.

Oral difelikefalin: potential in pruritus with Primary Biliary Cholangitis (PBC)



Pruritus is hallmark symptom of PBC and may be persistent and debilitating¹



Associated with severe fatigue, sleep disturbance, and mental health issues²



Addressable patient population of ~50K³⁻⁴, with opportunity to establish efficacy in other chronic liver diseases



No FDA-approved treatments

Phase 2 Readout Anticipated 2H 2022

26 | 1. Carrion AF et al. Understanding and treating pruritus in primary biliary cholangitis. Clin Liver Dis 2018. 22:517-532. 2. Pinheiro NC et al. Refractory pruritus in primary biliary cirrhosis. BMJ Case Rep. 2013. doi:10.1136/bcr-2013-200634 3. Lu M et al. Factors Associated with Prevalence and Treatment of Primary Biliary Cholangitis in United States Health Systems. Clin GastroenterolHepatol (2018 Aug);16(8):1333-1341.e6. 4. Trivedi HD et al. Management of Pruritus in Primary Biliary Cholangitis: A Narrative Review. The American Journal of Medicine (2017) 130, 744e1-744e7

Strong financial foundation to advance pipeline, enable long-term growth



Cash runway through 2023

- Runway does not include potential near term income from KORSUVA Injection profit split or commercial/regulatory milestones
- Contractual economics bring near term profitability on KORSUVA Injection



\$237M cash position Dec 31, 2021

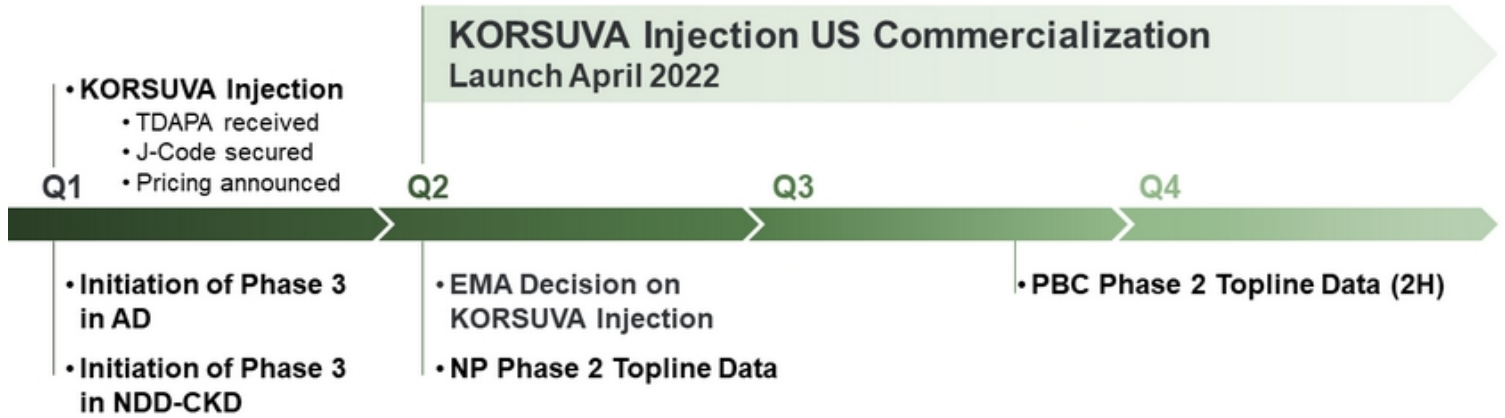
- 53M shares outstanding and no debt
- We do not expect to incur commercial costs related to KORSUVA Injection



Continued pipeline growth

- We have the resources to continue development of the oral difelikefalin program

2022 Value Catalysts to Drive Long-term Growth*



*Anticipated Timelines



THANK YOU
