

Supplementary Material

Article Title: Longitudinal Course of Adverse Events With Esketamine Nasal Spray: A Post Hoc Analysis of Pooled Data From Phase 3 Trials in Patients With Treatment-Resistant Depression

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Supplementary Material

Supplementary Table 1. Classification of Clinician-Reported Adverse Events

Severity	Description
None	No adverse event reported
Mild	Awareness of symptoms that are easily tolerated, causing minimal discomfort, and not interfering with everyday activities
Moderate	Sufficient discomfort present that causes some interference with normal activity
Severe	Extreme distress, causing significant impairment of functioning or incapacitation and preventing normal everyday activities

Supplementary Table 2. Patient Demographics and Baseline Characteristics

	Patients included in weeks 1–4 n = 928	Patients included in month 3–12 n = 595
Mean age, years (SD)	46.3 (11.1)	46.4 (11.2)
Males, n (%)	328 (35.3)	215 (36.1)
Race, n (%)		
White	807 (87.0)	509 (85.5)
Black or African American	31 (3.3)	18 (3.0)
Asian	53 (5.7)	47 (7.9)
Other/unknown	36 (3.9)	21 (3.5)
Ethnicity		
Hispanic	175 (18.9)	125 (21.0)
Non-Hispanic	740 (79.7)	462 (77.6)
Other/unknown	13 (1.4)	8 (1.3)
Mean body mass index, kg/m ² , (SD)	28.3 (6.0)	28.2 (6.0)
History of hypertension, n (%)	194 (20.9)	124 (20.8)

Abbreviation: SD = standard deviation.

Supplementary Table 3. Patients Receiving Concomitant Medications for Clinician-Reported Adverse Events

Patients, n/N (%)^a	Dizziness	Dissociation	Sedation	Vertigo	Nausea	Increased Blood Pressure
Weeks 2–4						
Prophylactic	0	2/159 (1.3)	0	0	0	1/41 (2.4)
Symptomatic	2/196 (1)	0	0	0	4/133 (3.0)	2/41 (4.9)
Weeks 5–8						
Prophylactic	0	2/159 (1.3)	0	0	0	1/40 (2.5)
Symptomatic	0	2/159 (1.3)	0	0	1/132 (0.8)	2/40 (5.0)
Months 3–6						
Prophylactic	0	2/119 (1.7)	0	0	0	0
Symptomatic	0	2/119 (1.7)	0	0	3/89 (3.4)	0
Months 6–12						
Prophylactic	0	2/119 (1.7)	0	0	0	0
Symptomatic	0	1/119 (0.8)	0	0	1/89 (1.1)	0

^aDenominator is number of patients experiencing the adverse event in the respective timeframe.

Supplementary Table 4. Summary of Patients with Hypertension at Study Baseline According to Treatment of Hypertension Within Each Treatment Period

	Not receiving hypertension medication during treatment period							
	Clinician-reported increased blood pressure, % (n/N)				Measured-based increased blood pressure, % (n/N)			
	Overall rate for timeframe	No AE in week 1	AE once in week 1	AE twice in week 1	Overall rate for timeframe	No AE in week 1	AE once in week 1	AE twice in week 1
Week 1	3.9 (7/177)	–			1.1 (3/177)	–		
Weeks 2–4	4.5 (8/177)	2.9 (5/170)	25.0 (1/4)	66.7 (2/3)	2.8 (5/177)	2.3 (4/174)	50.0 (1/3)	0
Weeks 5–8	2.5 (4/162)	0.6 (1/155)	25.0 (1/4)	66.7 (2/3)	1.8 (3/162)	1.9 (3/160)	0 (0/2)	0
Months 3–6	3.0 (3/100)	2.1 (2/96)	50.0 (1/2)	0 (0/2)	2.0 (2/100)	2.0 (2/99)	0 (0/1)	0
Months 6–12	2.0 (2/100)	1.0 (1/96)	50.0 (1/2)	0 (0/2)	2.0 (2/100)	2.0 (2/99)	0	0

	Receiving hypertension medication during treatment period							
	Clinician-reported increased blood pressure, % (n/N)				Measured-based increased blood pressure, % (n/N)			
	Overall rate for timeframe	No AE in week 1	AE once in week 1	AE twice in week 1	Overall rate for timeframe	No AE in week 1	AE once in week 1	AE twice in week 1
Week 1	6.2 (2/32)	–			6.2 (2/32)	–		
Weeks 2–4	3.1 (1/32)	3.3 (1/30)	0	0 (0/2)	6.2 (2/32)	6.7 (2/30)	0 (0/2)	0
Weeks 5–8	9.3 (4/43)	7.3 (3/41)	0	50.0 (1/2)	2.3 (1/43)	2.4 (1/40)	0 (0/3)	0
Months 3–6	12.1 (4/33)	9.4 (3/32)	0	100 (1/1)	3.0 (1/33)	3.2 (1/31)	0 (0/2)	0
Months 6–12	3.0 (1/33)	0 (0/32)	0	100 (1/1)	0 (0/33)	0 (0/31)	0 (0/2)	0

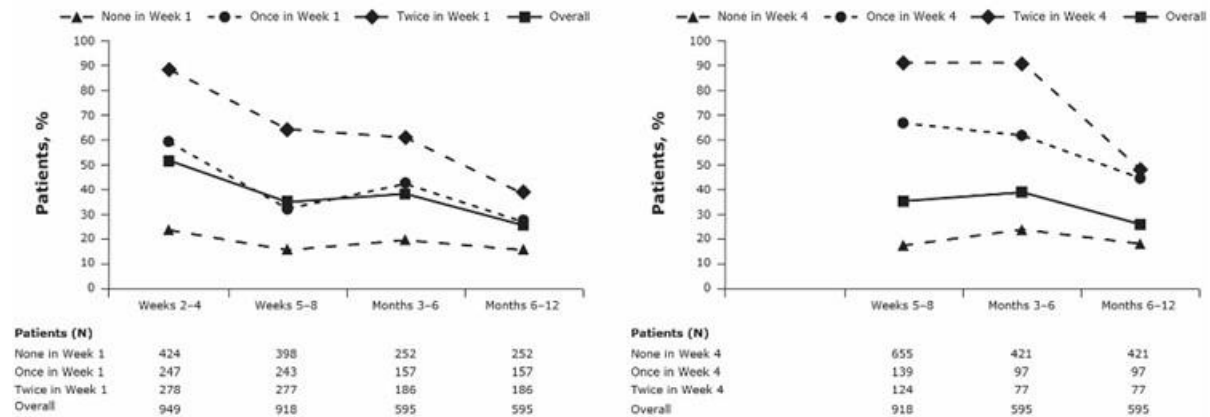
In each cell, n/N represents the number of patients who experienced a recurrence of the given AE / number of patients who contributed data (based on the time period described in the row title and the occurrence in week 1 described in the column title). Patient data were retained: (1) in week 1 if the patient received ≥ 1 ESK dose in weeks 2–4, (2) in weeks 2–4 if the patient received ≥ 1 ESK dose in weeks 5–8; (3) in weeks 5–8 if the patient received ≥ 1 ESK dose in months 3–6, and (4) in months 3–6 if the patient received ≥ 1 ESK dose in months 6–12.

Shaded cells depict $\geq 10\%$ difference in AE recurrence rates between occurrence twice vs once per week in week 1 (dark gray) and once per week versus none in week 1 (light gray).

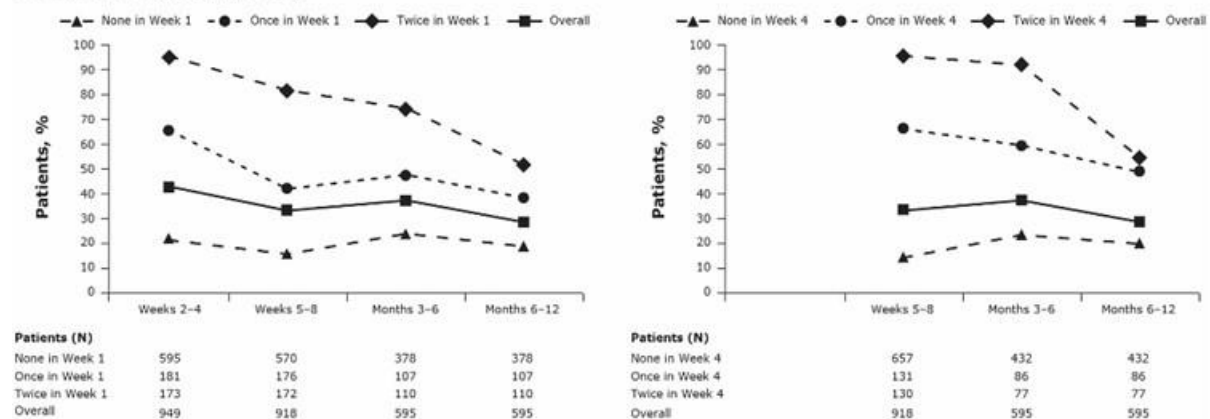
Abbreviation: AE = adverse event

Supplementary Figure 1. Percentage of Esketamine-Treated Participants With Adverse Events Based on Frequency of Week 1 and Week 4 Occurrence for (A) CADSS-Based Dissociation, (B) MOAA/S-Based Sedation, (C) Measure-Based Increased Blood Pressure, and Clinician-Reported (D) Dizziness, (E) Nausea, and (F) Vertigo

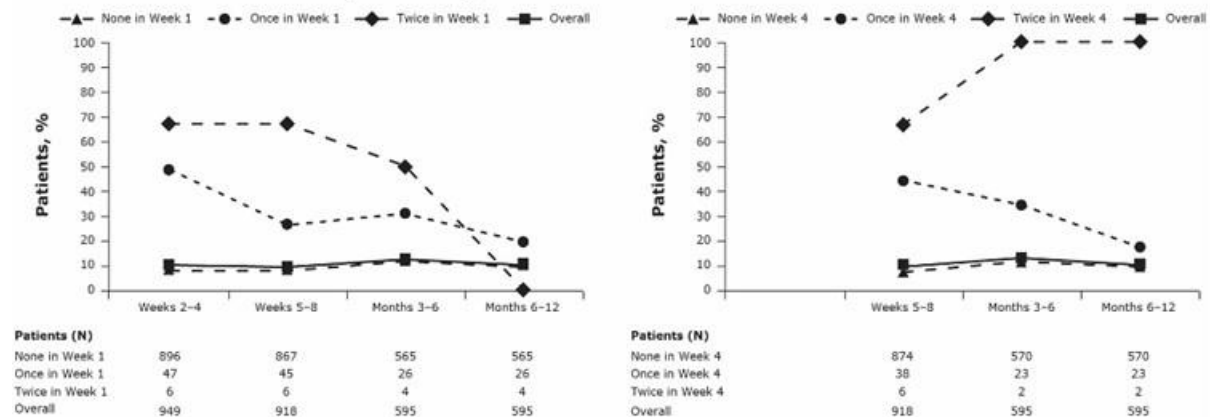
A. Dissociation (CADSS >4)



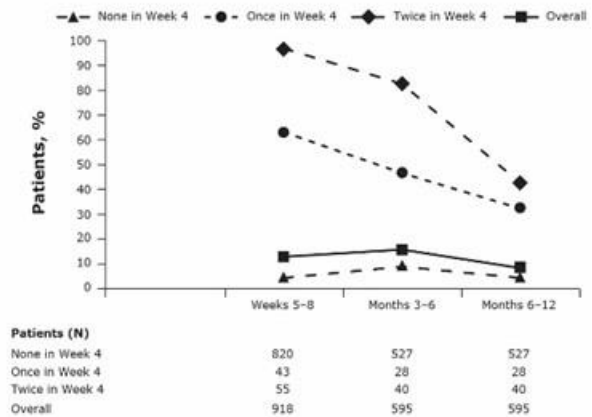
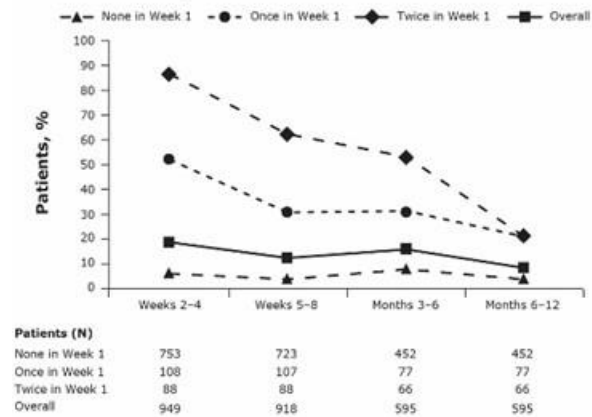
B. Sedation (MOAA/S <5)



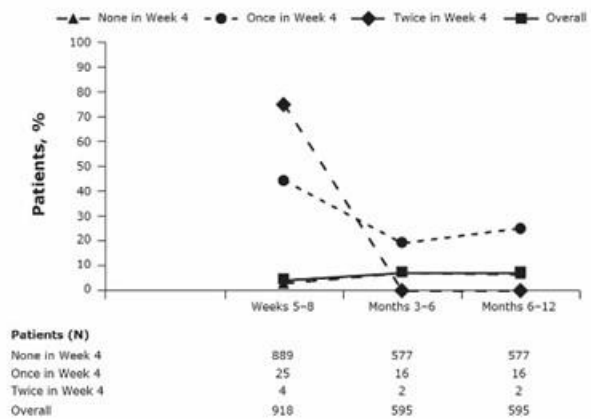
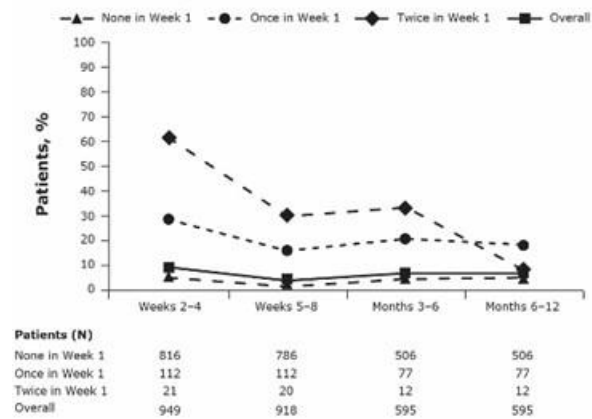
C. Increased Blood Pressure (Measured)



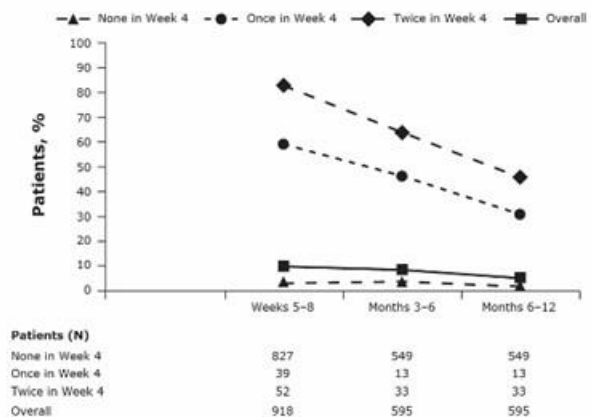
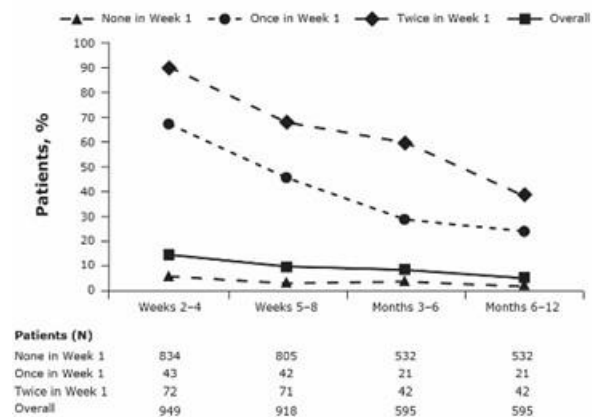
D. Clinician-Reported Dizziness



E. Clinician-Reported Nausea



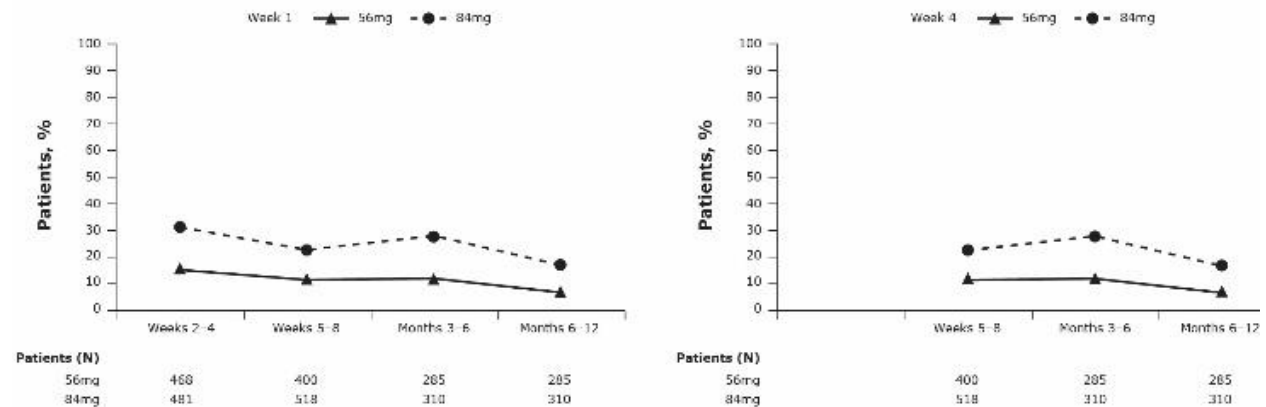
F. Clinician-Reported Vertigo



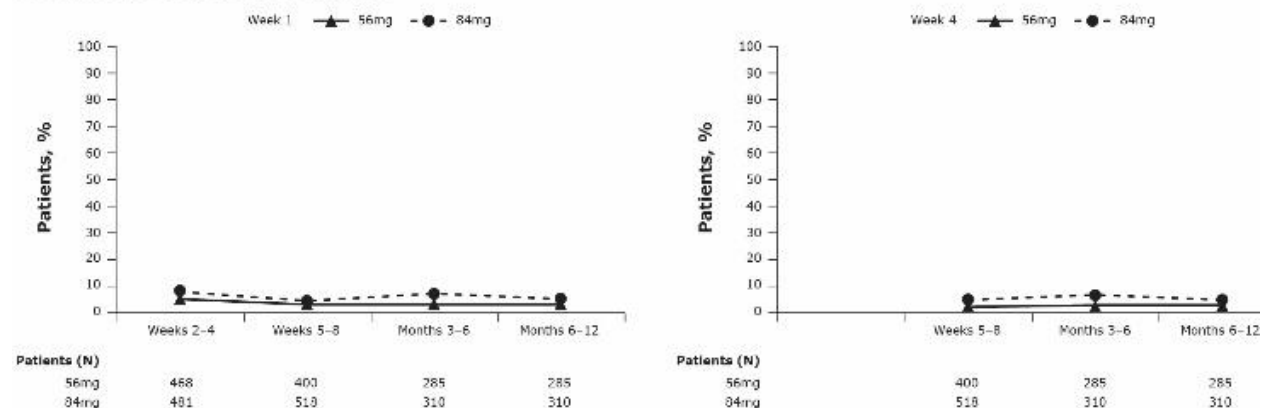
CADSS = Clinician-Administered Dissociative States Scale; MOAA/S = Modified Observer's Assessment of Alertness/Sedation.

Supplementary Figure 2. Percentage of Esketamine-Treated Patients With Adverse Events Based On Esketamine Nasal Spray Dose, for Clinician-Reported (A) Dissociation, (B) Sedation, (C) Increased Blood Pressure, (D) Dizziness, (E) Nausea, (F) Vertigo, (G) CADSS-Based Dissociation, (H) MOAA/S-Based Sedation, and (I) Measure-Based Increased Blood Pressure

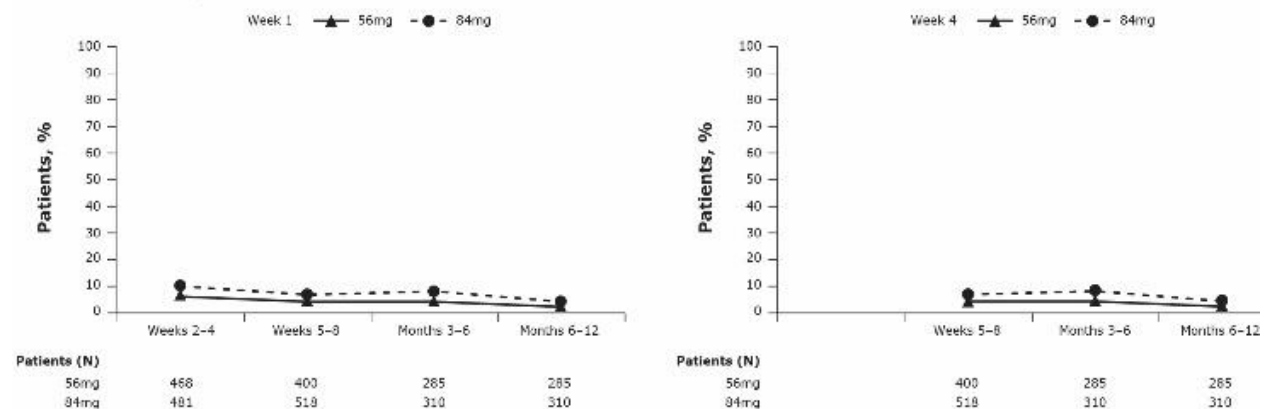
A. Clinician-Reported Dissociation



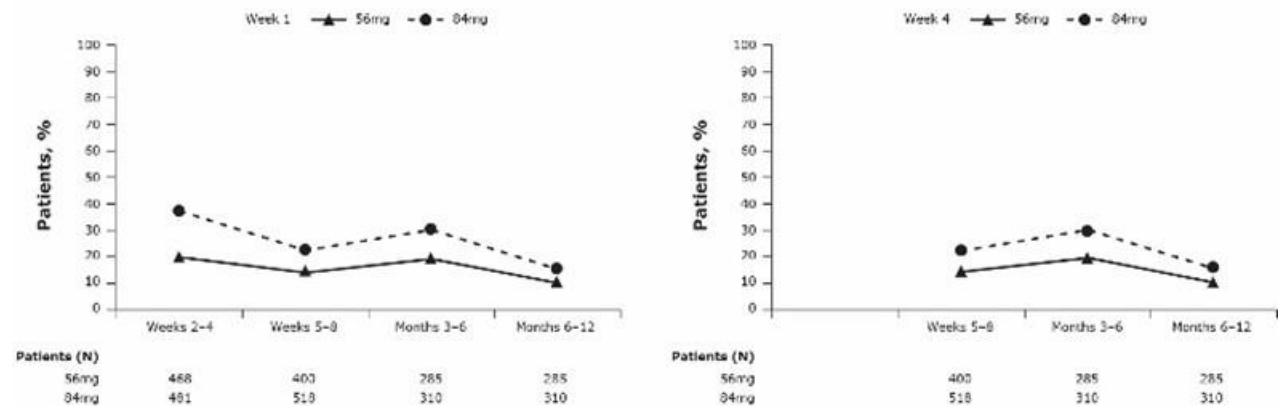
B. Clinician-Reported Sedation



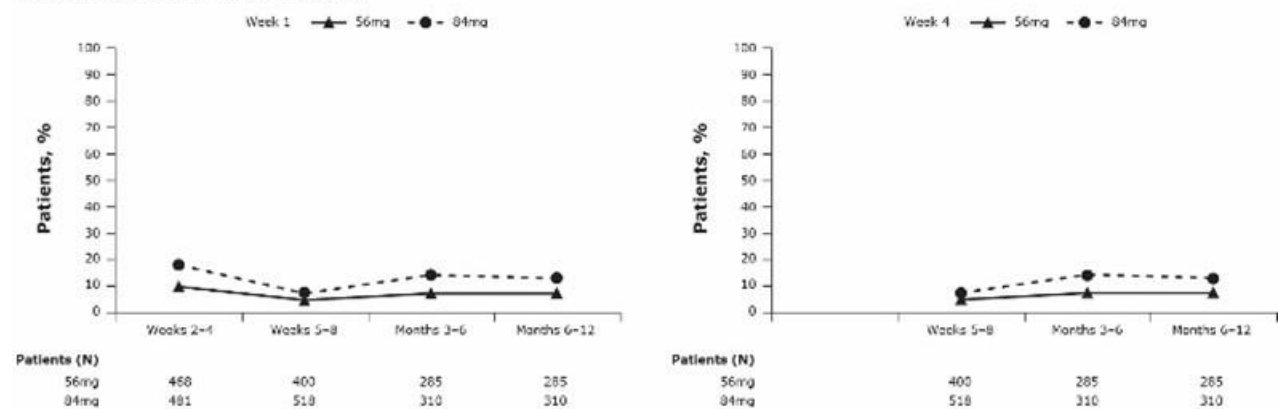
C. Clinician-Reported Increased Blood Pressure



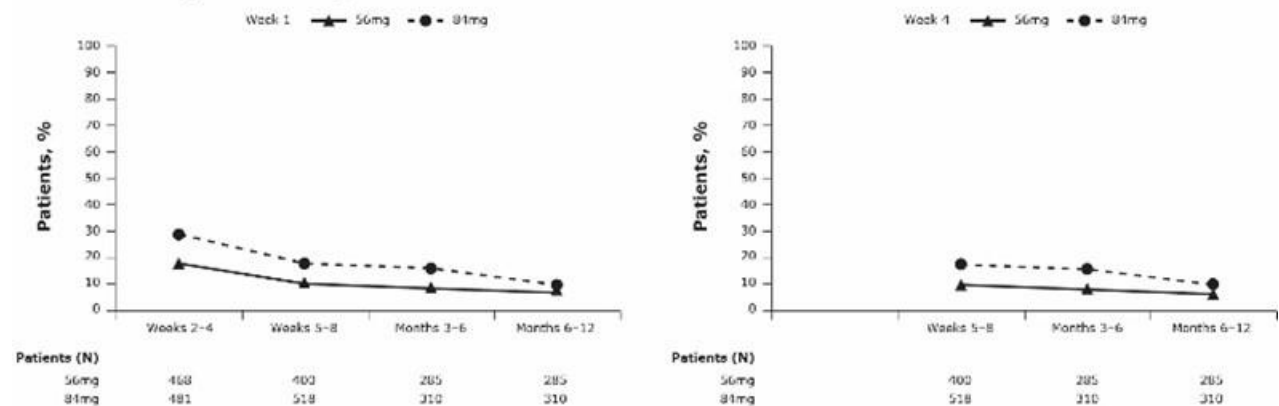
D. Clinician-Reported Dizziness



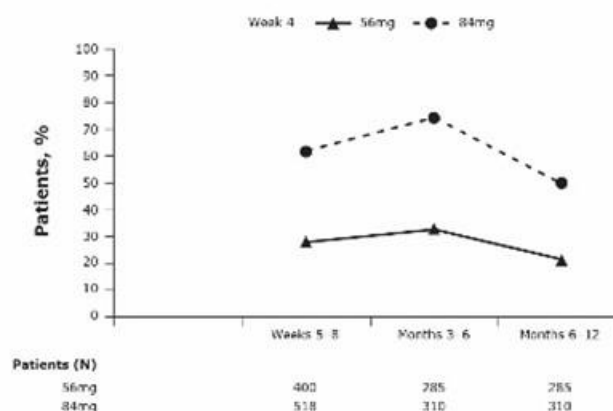
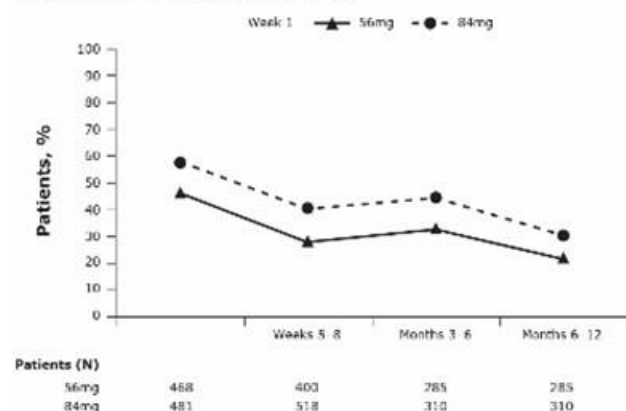
E. Clinician-Reported Nausea



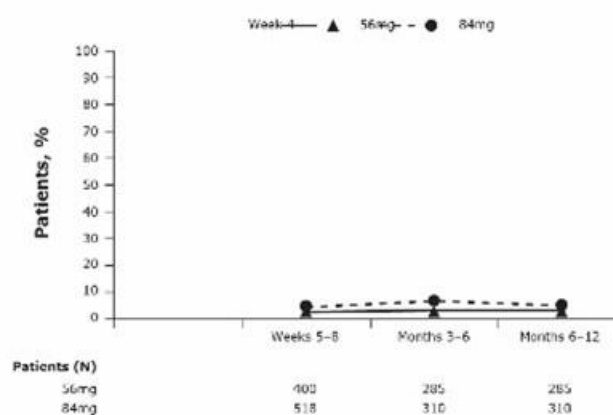
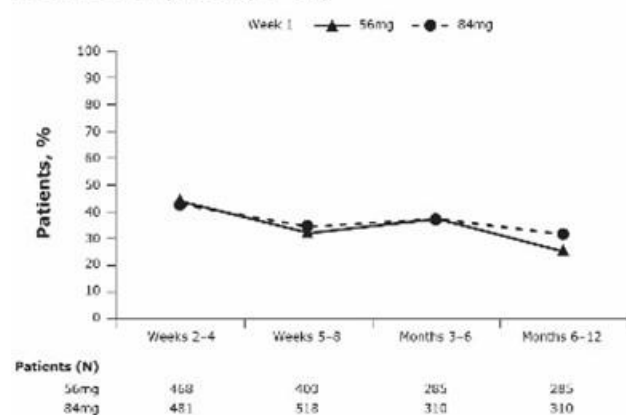
F. Clinician-Reported Vertigo



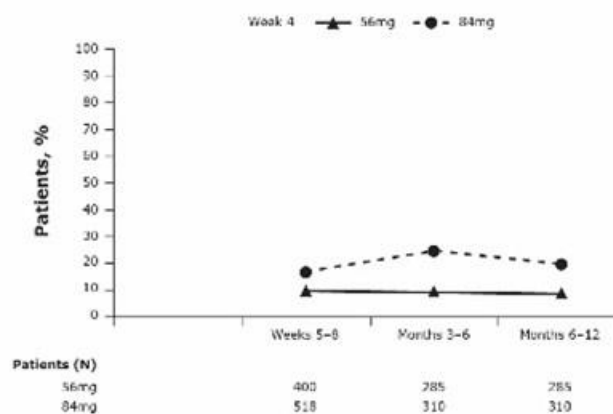
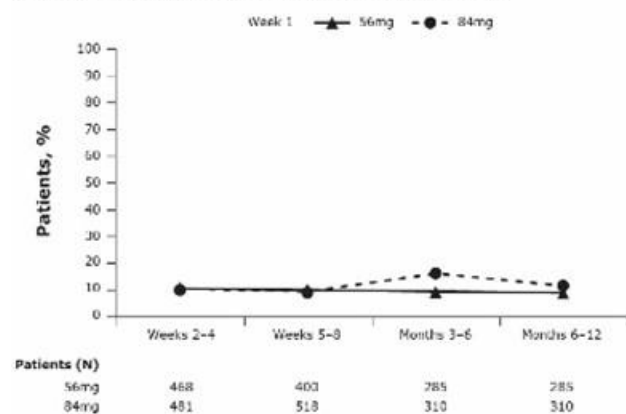
G. Dissociation (CADSS >4)



H. Sedation (MOAA/S <5)



I. Increased Blood Pressure (Measured)



CADSS = Clinician-Administered Dissociative States Scale; MOAA/S = Modified Observer's Assessment of Alertness/Sedation.