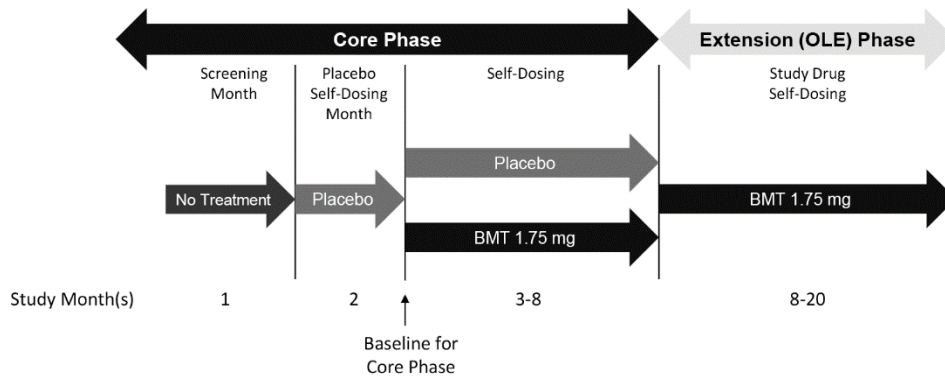


Appendix 1. Trial Design

During the Screening Month, the hypoactive sexual desire disorder diagnosis was confirmed. The Placebo Self-Dosing Month allowed establishment of the placebo effect. After this, subjects received either bremelanotide or placebo during the randomized, double-blind Core Study Phase, and self-administered subcutaneous bremelanotide 1.75 mg or placebo using an autoinjector pen, as needed. Participants who completed the Core Study Phase and remained eligible were given the option to continue in the Open-Label Extension Study Phase and receive bremelanotide 1.75 mg on an as-needed basis.



Kingsberg SA, Clayton AH, Portman D, Williams LA, Krop J, Jordan R, et al. Bremelanotide for the treatment of hypoactive sexual desire disorder: two randomized phase 3 trials. *Obstet Gynecol* 2019;134.

The authors provided this information as a supplement to their article.

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Appendix 2. Co-primary Endpoints

	Response Options
FSFI Question 1: Over the past 4 weeks, how often did you feel sexual desire or interest?	5=Almost always or always 4=Most times (more than half the time) 3=Sometimes (about half the time) 2=A few times (less than half the time) 1=Almost never or never
FSFI Question 2: Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?	5=Very high 4=High 3=Moderate 2=Low 1=Very low or none at all
FSDS-DAO Question 13: How often did you feel bothered by low sexual desire?	4=Always 3=Frequently 2=Occasionally 1=Rarely 0=Never

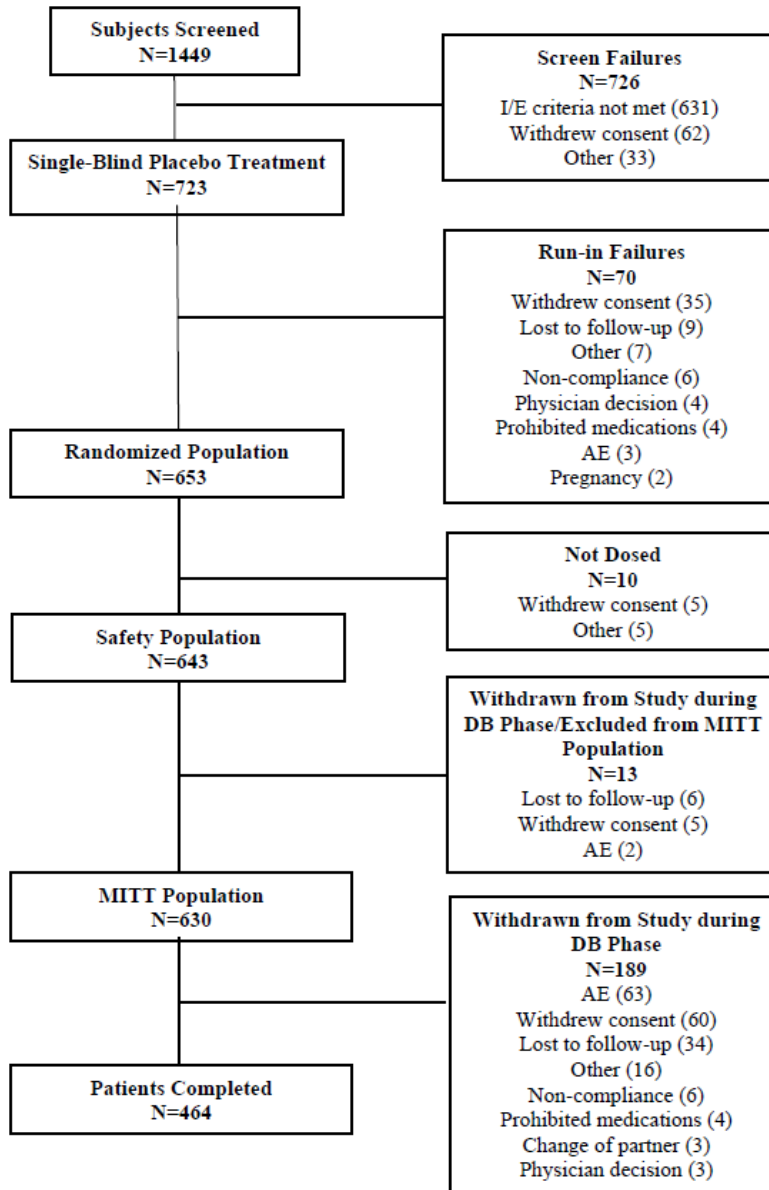
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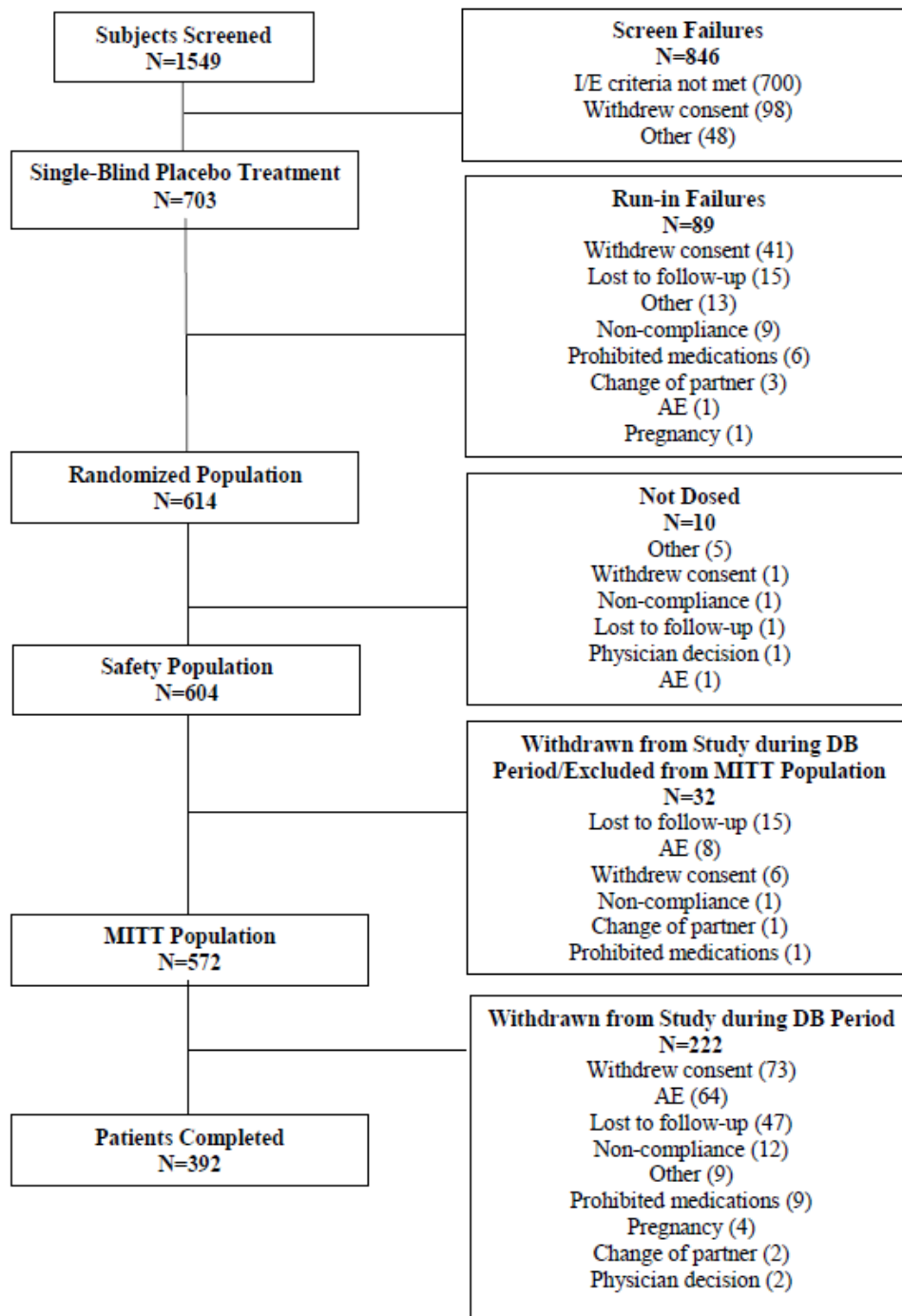
Appendix 3. Subject Disposition

Study 301



Kingsberg SA, Clayton AH, Portman D, Williams LA, Krop J, Jordan R, et al. Bremelanotide for the treatment of hypoactive sexual desire disorder: two randomized phase 3 trials. *Obstet Gynecol* 2019;134. The authors provided this information as a supplement to their article.
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Study 302



Kingsberg SA, Clayton AH, Portman D, Williams LA, Krop J, Jordan R, et al. Bremelanotide for the treatment of hypoactive sexual desire disorder: two randomized phase 3 trials. *Obstet Gynecol* 2019;134.

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Appendix 4. Treatment-Emergent Nausea Events

	Placebo (n=620)	Bremelanotide 1.75 mg (n=627)
Total number of nausea events	8	1054
Total number of injections	9071	7158
Percentage of injections associated with a nausea event, %	<0.1	14.7
Nausea events by intensity, n (%)		
Mild	5 (62.5)	714 (67.7)
Moderate	2 (25.0)	320 (30.4)
Severe	1 (12.5)	20 (1.9)
Time from dosing to onset of nausea events, hours ^a		
Mean (SD)	48.7 (17.54)	36.4 (57.86)
Median	48.7	0.5
Duration of nausea, hours ^a		
Number of events	1	712
Mean	2.5	45.2
Median	2.5	2.4
Concomitant therapy given, n (%)	4 (50.0)	103 (9.8)
Outcome recovered/resolved, n (%)	7 (87.5)	1049 (99.5)

^aNausea events with non-missing time element are included. For duration calculation, only nausea events with a duration ≤3 days are included.

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Appendix 5. Serious Treatment-Emergent Adverse Events by System Organ Class and Preferred Term During the Double-Blind Period (Safety Population)

Serious Treatment-Emergent Adverse Event, n (%)	Placebo (n=620)	Bremelanotide 1.75 mg (n=627)
Any serious treatment-emergent adverse event	3 (0.5)	7 (1.1)
Abdominal hernia obstructive	0	1 (0.2)
Abdominal pain	0	1 (0.2)
Gastrointestinal inflammation	0	1 (0.2)
Headache	0	1 (0.2)
Invasive ductal breast carcinoma	0	1 (0.2)
Ovarian cyst ruptured	0	1 (0.2)
Peritoneal hemorrhage	0	1 (0.2)
Pneumonia	0	1 (0.2)
Uterine leiomyoma	0	1 (0.2)
Vomiting	0	1 (0.2)
Anemia	1 (0.2)	0
Colitis	1 (0.2)	0
Colon cancer	1 (0.2)	0
Pregnancy	1 (0.2)	0

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