Appendix 1. Inclusion and Exclusion Criteria

Inclusion Criteria

- Providing written informed consent prior to any study-related procedures being performed. Patients from 12 through 17 years old could participate where permitted by applicable local regulations and IRB approval and with appropriate documentation of consent from the parent(s)/guardian(s) and assent from the patient.
- 2. Clinical diagnosis of BV, defined as having all of the following:
 - a) Off-white (milky or gray), thin, homogeneous discharge with minimal or absent pruritus and inflammation of the vulva and vagina
 - b) The presence of clue cells > 20% of the total epithelial cells on microscopic examination of the saline wet mount
 - c) Vaginal secretion pH of > 4.5
 - d) A fishy odor of the vaginal discharge with the addition of a drop of 10% KOH (i.e., a positive whiff test)
- 3. No known medical conditions that, in the investigator's opinion, could interfere with study participation.
- 4. Agree to abstain from sexual intercourse and/or sexual activity throughout the first 7 days following treatment.

5. Nonpregnant patients of childbearing potential were to use adequate birth control after Day 7 if engaging in heterosexual intercourse, and were not to plan on becoming pregnant for the duration of the study. Acceptable forms of birth control included oral contraceptives, intrauterine devices, contraceptive implants, transdermal patches, injections, and nonpolyurethane condoms (e.g., latex, polyisoprene) with or without spermicide. Patients in same sex relationships, or monogamous relationships with vasectomized males, could also participate. Abstinence could also be acceptable, per the investigator's judgment.

Patients who were not of childbearing potential did not need a urine pregnancy test prior to randomization or at subsequent visits. The patient was considered to be of nonchildbearing potential if one of the following was satisfied:

- a) Postmenopausal for at least 1 year prior to the screening/randomization visit (Visit 1) (defined as amenorrheic for more than one continuous year), or
- b) Surgically sterile (defined as bilateral tubal ligation, bilateral oophorectomy, or hysterectomy) at least 6 months before first dose, or
- c) Nonsurgical permanent sterilization procedure performed at least 3 months prior to study drug application.
- 6. Willing to refrain from the use of all intravaginal products (e.g., douches, feminine deodorant sprays, condoms, spermicides, vaginal moisturizers or lubricants, tampons,

contraceptive vaginal rings, and diaphragms) through the first 7 days at a minimum, and ideally through Visit 3 or study exit/early discontinuation.

Exclusion Criteria

- Active vulvovaginitis or other active infectious causes of cervicitis, vaginitis, or vulvitis,
 based on the results of the thorough clinical assessments and in-clinic microscopic
 assessments performed prior to enrollment (e.g., candidiasis, *T. vaginalis, C. trachomatis, N. gonorrhoeae*, or genital lesions or ulcers consistent with human papillomavirus [HPV],
 Herpes simplex virus, syphilis, chancroid, etc.). Patients with a history of genital herpes or
 condylomata who had been asymptomatic for at least 6 months could be considered for
 eligibility.
- 2. Breastfeeding or, if of childbearing potential, unwilling to practice acceptable means of birth control or abstinence during the study as described above.
- Vaginal, vulvar, or genitourinary condition that, according to the investigator's judgment, could confound the interpretation of clinical response.
- 4. History of regional enteritis, ulcerative colitis, or *Clostridium difficile*-associated diarrhea.
- 5. Known current drug or alcohol abuse that could impact study compliance.
- 6. Currently receiving or who had received antifungal or antibacterial therapy (systemic or intravaginal) within 14 days of the screening/randomization visit.

- 7. Use of any other investigational product within 30 days of the screening/randomization visit.
- 8. Planned evaluation or treatment during the study for abnormal cytology and/or findings from high-risk HPV testing and/or Pap test finding.
- 9. Known sensitivity to clindamycin phosphate or other lincosamides or any of the inactive ingredients in the study drug.
- 10. History of any severe acute or chronic medical or psychiatric condition or laboratory abnormality that could increase the risk associated with study participation or study drug administration or could interfere with the interpretation of study results and, in the judgment of the investigator, would make the patient inappropriate for entry into the study.

Appendix 2. Summary of Analysis Populations (Intent-To-Treat Population)

	Clindamycin	Placebo	Total	
	(N = 204)	(N = 103)	<u>(N = 307)</u>	
Analysis Population	n (%)	n (%)	n (%)	
Intent-to-Treat (ITT)	204 (100.0)	103 (100.0)	307 (100.0)	
Safety	203 (99.5)	103 (100.0)	306 (99.7)	
Modified Intent-to-Treat (mITT)	122 (59.8)	59 (57.3)	181 (59.0)	
Per Protocol (PP)	102 (50.0)	47 (45.6)	149 (48.5)	

Appendix 3. Summary of Adverse Events by System Organ Class and Preferred Term (Safety

Population)

	Clindamycin Placebo		Total			
	(N =	= 203)	(N = 103)		(N = 306)	
System Organ Class	<u>Events</u>	Subjects	<u>Events</u>	Subjects	<u>Events</u>	Subjects
Preferred Term	n	n (%)	n	n (%)	n	n (%)
Number of Events, Number (%) of	107	76 (37.4)	42	28 (27.2)	149	104 (34.0)
Subjects with at Least One AE						
Blood and lymphatic system disorders	2	2 (1.0)	0	0	2	2 (0.7)
Anemia	1	1 (0.5)	0	0	1	1 (0.3)
Lymphadenopathy	1	1 (0.5)	0	0	1	1 (0.3)
Ear and labyrinth disorders	1	1 (0.5)	0	0	1	1 (0.3)
Ear pain	1	1 (0.5)	0	0	1	1 (0.3)
Gastrointestinal disorders	7	6 (3.0)	2	2 (1.9)	9	8 (2.6)
Abdominal pain	2	2 (1.0)	1	1 (1.0)	3	3 (1.0)
Abdominal pain lower	1	1 (0.5)	0	0	1	1 (0.3)
Constipation	1	1 (0.5)	0	0	1	1 (0.3)
Diarrhea	2	2 (1.0)	1	1 (1.0)	3	3 (1.0)
Gastroesophageal reflux disease	1	1 (0.5)	0	0	1	1 (0.3)
General disorders and administration	1	1 (0.5)	0	0	1	1 (0.3)
site conditions						
Pyrexia	1	1 (0.5)	0	0	1	1 (0.3)
Infections and infestations	54	46 (22.7)	22	15 (14.6)	76	61 (19.9)
Bacterial vaginosis	3	3 (1.5)	3	3 (2.9)	6	6 (2.0)

Mauck C, Hillier SL, Gendreau J, Dart C, Chavoustie S, Sorkin-Wells V, et al. Single-Dose, bioadhesive, clindamycin 2% gel for bacterial vaginosis: A Randomized Controlled Trial. Obstet Gynecol 2022;139.

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

	Clindamycin		Placebo		Total	
	(N =	= 203)	(N = 103)		(N = 306)	
System Organ Class	<u>Events</u>	Subjects	<u>Events</u>	<u>Subjects</u>	<u>Events</u>	Subjects
Preferred Term	n	n (%)	n	n (%)	n	n (%)
Bacterial vulvovaginitis	0	0	2	1 (1.0)	2	1 (0.3)
COVID-19	1	1 (0.5)	0	0	1	1 (0.3)
Genital herpes	1	1 (0.5)	0	0	1	1 (0.3)
Herpes zoster	1	1 (0.5)	0	0	1	1 (0.3)
Papilloma viral infection	0	0	1	1 (1.0)	1	1 (0.3)
Pelvic infection	0	0	1	1 (1.0)	1	1 (0.3)
Pelvic inflammatory disease	0	0	2	2 (1.9)	2	2 (0.7)
Pharyngitis streptococcal	1	1 (0.5)	0	0	1	1 (0.3)
Trichomoniasis	4	4 (2.0)	2	2 (1.9)	6	6 (2.0)
Urinary tract infection	6	6 (3.0)	5	5 (4.9)	11	11 (3.6)
Vaginal infection	0	0	2	1 (1.0)	2	1 (0.3)
Vulvovaginal candidiasis	37	35 (17.2)	4	4 (3.9)	41	39 (12.7)
Injury, poisoning and procedural	1	1 (0.5)	0	0	1	1 (0.3)
complications						
Skin laceration	1	1 (0.5)	0	0	1	1 (0.3)
Investigations	1	1 (0.5)	2	2 (1.9)	3	3 (1.0)
Alanine aminotransferase increased	0	0	1	1 (1.0)	1	1 (0.3)
Blood creatinine increased	1	1 (0.5)	0	0	1	1 (0.3)
Blood pressure increased	0	0	1	1 (1.0)	1	1 (0.3)
Metabolism and nutrition disorders	1	1 (0.5)	0	0	1	1 (0.3)
Type 2 diabetes mellitus	1	1 (0.5)	0	0	1	1 (0.3)

Mauck C, Hillier SL, Gendreau J, Dart C, Chavoustie S, Sorkin-Wells V, et al. Single-Dose, bioadhesive, clindamycin 2% gel for bacterial vaginosis: A Randomized Controlled Trial. Obstet Gynecol 2022;139.

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

©2022 American College of Obstetricians and Gynecologists.

	Clindamycin		Placebo		Total		
	(N =	= 203)	(N = 103)		(N = 306)		
System Organ Class	<u>Events</u>	<u>Subjects</u>	<u>Events</u>	Subjects	<u>Events</u>	<u>Subjects</u>	
Preferred Term	n	n (%)	n	n (%)	n	n (%)	
Nervous system disorders	4	2 (1.0)	1	1 (1.0)	5	3 (1.0)	
Ageusia	1	1 (0.5)	0	0	1	1 (0.3)	
Anosmia	1	1 (0.5)	0	0	1	1 (0.3)	
Headache	1	1 (0.5)	1	1 (1.0)	2	2 (0.7)	
Somnolence	1	1 (0.5)	0	0	1	1 (0.3)	
Reproductive system and breast	30	23 (11.3)	12	10 (9.7)	42	33 (10.8)	
disorders							
Cervical dysplasia	0	0	1	1 (1.0)	1	1 (0.3)	
Cervical friability	0	0	1	1 (1.0)	1	1 (0.3)	
Cervix disorder	0	0	1	1 (1.0)	1	1 (0.3)	
Menstruation irregular	1	1 (0.5)	0	0	1	1 (0.3)	
Pelvic pain	1	1 (0.5)	0	0	1	1 (0.3)	
Vaginal discharge	3	3 (1.5)	0	0	3	3 (1.0)	
Vaginal hemorrhage	5	5 (2.5)	4	4 (3.9)	9	9 (2.9)	
Vulva cyst	1	1 (0.5)	0	0	1	1 (0.3)	
Vulval disorder	1	1 (0.5)	0	0	1	1 (0.3)	
Vulvovaginal burning sensation	3	3 (1.5)	2	2 (1.9)	5	5 (1.6)	
Vulvovaginal discomfort	1	1 (0.5)	1	1 (1.0)	2	2 (0.7)	
Vulvovaginal dryness	2	1 (0.5)	0	0	2	1 (0.3)	
Vulvovaginal erythema	2	2 (1.0)	0	0	2	2 (0.7)	
Vulvovaginal pruritus	10	9 (4.4)	2	2 (1.9)	12	11 (3.6)	

Mauck C, Hillier SL, Gendreau J, Dart C, Chavoustie S, Sorkin-Wells V, et al. Single-Dose, bioadhesive, clindamycin 2% gel for bacterial vaginosis: A Randomized Controlled Trial. Obstet Gynecol 2022;139.

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

©2022 American College of Obstetricians and Gynecologists.

	Clindamycin		Placebo		Total	
	(N =	203)	(N = 103)		(N = 306)	
System Organ Class	<u>Events</u>	Subjects	<u>Events</u>	<u>Subjects</u>	<u>Events</u>	Subjects
Preferred Term	n	n (%)	n	n (%)	n	n (%)
Respiratory, thoracic and mediastinal	2	2 (1.0)	0	0	2	2 (0.7)
disorders						
Cough	1	1 (0.5)	0	0	1	1 (0.3)
Nasal congestion	1	1 (0.5)	0	0	1	1 (0.3)
Skin and subcutaneous tissue disorders	2	2 (1.0)	3	3 (2.9)	5	5 (1.6)
Drug eruption	0	0	1	1 (1.0)	1	1 (0.3)
Intertrigo	0	0	1	1 (1.0)	1	1 (0.3)
Miliaria	1	1 (0.5)	0	0	1	1 (0.3)
Rash papular	1	1 (0.5)	0	0	1	1 (0.3)
Skin lesion	0	0	1	1 (1.0)	1	1 (0.3)
Surgical and medical procedures	1	1 (0.5)	0	0	1	1 (0.3)
Tooth extraction	1	1 (0.5)	0	0	1	1 (0.3)

Note: Subjects reporting more than one AE in each SOC/PT are only counted once to that SOC/PT in the column of 'Subjects'.

AEs coding dictionary: MedDRA Version 23.0.

Appendix 4. Relationship Between Candida Culture at Screening and Candidiasis Treatment-Emergent Adverse Events (Safety Population)

	Clindamycin			Placebo			
	Candidiasis	No candidiasis	Total	Candidiasis	No candidiasis	Total	
	TEAE	TEAE		TEAE	TEAE		
Positive Candida culture at screening	18	24	42	2	17	19	
Negative Candida culture at screening	17	140	157	2	82	84	
Total	35	164	199	4	99	103	

Note - Table does not include 4 clindamycin patients with unknown Candida culture at screening.

Appendix 5. Summary of Clinical Cure, Bacteriological Cure, and Therapeutic Cure (Intent-to-Treat Population)*

	Clindamycin	Placebo	Total
	(N = 122)	(N = 59)	(N = 307)
	n (%)	n (%)	N (%)
Parameter at the Test of Cure (TOC) Visit – day 21-30			
Clinical Cure	143 (70.1)	38 (36.9)	105 (33.2)
95% CI for the Percentage	(63.6 - 76.6)	(27.1 - 46.7)	(21.2 - 45.2)
Bacteriological Cure (Nugent score < 4)	79 (38.7)	13 (12.6)	92 (30.0)
Therapeutic Cure	71 (34.8)	11 (10.7)	82 (26.7)
Parameter at the Interim Assessment Visit – day 7-14			
Clinical Cure	154 (75.5)	37 (35.9)	191 (62.2)
Bacteriological Cure (Nugent score < 4)	82 (40.2)	10 (9.7)	92 (30.0)
Therapeutic Cure	69 (33.8)	8 (7.8)	77 (25.1)

^{*}P-values from CMH test <0.001 for all rows