Supplemental Table 1. Ganaxolone dosing used in this study

Cohort	Initial Bolus[a]	Additional Boluses PRN	Day 1 Infusion Rates	Day 2 - 4 Infusion Rates	18-h Taper[b]
High (713 mg/d)	25 mg	Not allowed	80 mg/h for 2 h 40 mg/h for 6 h 18 mg/h for 16 h	29 mg/h for 24 h	25% rate decrease every 6 h
Medium (650 mg/d)	25 mg	Allowed[c]	35 mg/h for 12 h 25 mg/h for 4 h 13 mg/h for 8 h	25 mg/h for 24 h	
Low (500 mg/d)	30 mg	Not allowed	85 mg/h for 2 h 40 mg/h for 2 h 20 mg/h for 2 h 10 mg/h for 18 h	20 mg/h for 24 h	

[a]Initial bolus was delivered over 3 min.

[b]Taper was initiated at the end of continuous infusion (i.e., Day 2, Day 4, or Early Discontinuation for those subjects who did not progress to 3rd line IV anesthesia for SE treatment). Ganaxolone infusion was stopped without taper in subjects who progressed to 3rd line anesthesia for SE treatment.

[c]Additional as-needed boluses were allowed in the Medium Cohort in the maximum total daily dose of up to 65 mg on Day 1 and up to 114 mg on Days 2-4 to manage seizures. It was recommended that a single dose of bolus was not to exceed 25 mg.

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Supplemental Table 2. Glasgow Coma Scale and Clinician Global Impression-Improvement Scale at baseline, 48 hours, and follow-up.

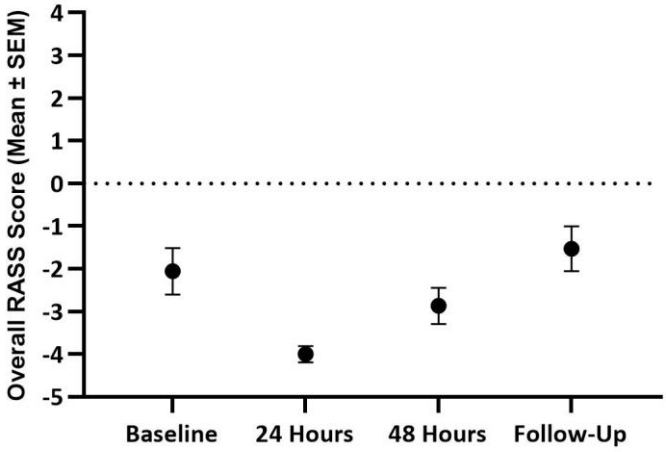
	Baseline (N=17)	48 hours (N=15)	Follow-up (N=15)
GCS[a], mean (range)			
Overall	9.1 (3-15)	8.7 (3-15)	11.1 (4-15)
CGI-I[b], mean (range)			
Overall	N/A	2.6 (1-4)	2.5 (1-5)

GCS, Glasgow Coma Scale; CGI-I, Clinician Global Impression-Improvement

[a]The GCS scale ranges from 3 to 15 with higher scores indicating improvement.

[b]The CGI-I scale ranges from 1 to 5 with lower scores indicating improvement.

Supplemental Figure 1. Overall scores (mean ± SEM) on the Richmond Agitation and Sedation Scale at baseline, 48-hours, and follow-up.



RASS, Richmond Agitation and Sedation Scale