**SUPPLEMENTARY**

**Table S1.** Exclusion criteria

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| ·   Current symptoms were better explained by symptoms of major depressive disorder or bipolar disorder;·   Symptoms were fully explained by pre-existing conditions that may cause cognitive impairment or symptoms similar to those seen in PCC [e.g., attention deficit/hyperactivity disorder (ADHD), major neurocognitive disorder, schizophrenia, chronic fatigue syndrome (CFS)/encephalitis meningitis (EM), as assessed by Mini International Neuropsychiatric Interview (M.I.N.I.) 7.0.2];·   Known intolerance to vortioxetine and/or prior trial of vortioxetine with demonstrated inefficacy;·   Current alcohol and/or substance use disorder, as confirmed by the M.I.N.I. 7.0.2;·   Presence of comorbid psychiatric disorder that is a primary focus of clinical concern, as confirmed by the M.I.N.I. 7.0.2;·   Previous history of mania/hypomania;·   Taking medications approved and/or employed off-label for cognitive dysfunction (e.g., psychostimulants);·   Any medication for a general medical disorder that may affect cognitive function (as per clinical judgment);·   Use of benzodiazepines within 12 hours of cognitive assessments;·   Consumption of alcohol within eight hours of cognitive assessments;·   Any physical, cognitive, or language impairments sufficient to adversely affect data derived from cognitive assessments;·   Diagnosed reading disability or dyslexia;·   Clinically significant learning disorder by history;·   Treatment with electroconvulsive therapy (ECT) in the last 6 months;·   History of moderate or severe head trauma (e.g., loss of consciousness for > 1 hour), other neurological disorders, or unstable systemic medical diseases that are likely to affect the central nervous system (as per clinical judgment); ·   Pregnant and/or breastfeeding; received investigational agents as part of a separate study within 30 days of the screening visit; ·   Actively suicidal/presence of suicidal ideation or evaluated as being at suicide risk (as per clinical judgment);·   Currently receiving treatment with monoamine oxidase inhibitor (MAOI) antidepressants, antibiotics such as linezolid or intravenous methylene blue; ·   Previous hypersensitivity reaction to vortioxetine or any components of the formulation; ·   Previously reported angioedema in persons treated with vortioxetine; ·   Serotonin syndrome; ·   Abnormal bleeding; ·   Angle closure glaucoma; ·   Hyponatremia; ·   Moderate hepatic impairment; ·   Active seizure disorder/epilepsy that is not controlled by medication (as per clinical judgment); ·   Presence of any unstable medical conditions; ·   Inability to follow study procedures; ·   And inability to give informed consent. |