**SUPPLEMENTARY**

**Table S1.** Exclusion criteria

|  |
| --- |
| ·   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. |