Figure S1. Worst Itching Intensity Numerical Rating Scale (A), Skindex-10Scale (B), and 5-D Itch Scale (C)

A. Worst Itching Intensity Numerical Rating Scale

Please indicate the intensity of the **WORST ITCHING** you experienced over the past 24 hours by marking the box with the number that best describes it. After completing the scale below, please provide your initials in the **SUBJECT INITIALS** box indicating that you completed the scale by yourself and the **DATE** and **TIME** you completed the scale.

you completed the scale.									
Worst Itching Over the Past 24 Hours									
Please indicate the intensity of the WORST ITCHING you experienced over the past 24 hours. O 1 2 3 4 5 6 7 8 9 10 NO ITCHING WORST ITCHING IMAGINABLE									
Date Completed: D D M M M M Y Y Y Y	Time: SUBJECT INITIALS First Middle Last AM PM								

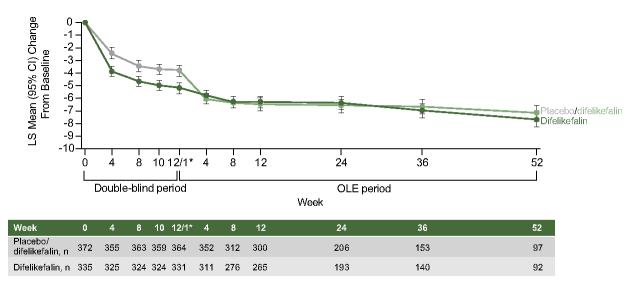
B. Skindex-10 Scale

IN	INSTRUCTIONS: During the past WEEK, how often have you been bothered by:							
		0	1	2	3	4	5	6
		(Never bothered)						(Always bothered)
1.	Your itching							
2.	The persistence/reoccurrence of your itching							
3.	The appearance of your skin from scratching							
4.	Frustration about your itching							
5.	Being annoyed about your itching							
6.	Feeling depressed about your itching							
7.	Feeling embarrassed about your itching							
8.	The effects of your itching on your interactions with others (for example: interactions with family, friends, close relationships, etc.)							
9.	The effects of your itching on your desire to be with people							
10	The effect of your itching making it hard to work or do what you enjoy							
Date Completed: Time: SUBJECT INITIALS First Middle Last								
	D D M M M Y Y Y Y							

C. 5-D Itch Scale

1.	DURATION:	During the last 2 weeks, how many hours a day have you been itching?									
		Less that 6 hrs/day			12-	2-18 hrs/day 1		18-23 hrs/day		,	All day
				l _e						L	
2.	DEGREE:	Please ra	te the inter	sity of	your	itching	over the	e past 2 v	veek	s	
		Not present	Mild		Mod	oderate S		Severe L		Jnbearable	
										[
3.	DIRECTION:		past 2 wee d to the pre				gotten	better or	wors	е	
		Complete resolved		oetter, preser			it better I preser			d	Getting Worse
_								[_	
4.	DISABILITY:	Rate the weeks	Rate the impact of your itching on the following activities over the last 2 weeks								
		Never affects sleep		Occasionally delays delays falling wakes				ep and as sionally from a s s me up wal		equ kes	falling p and uently me up night
	Sleep						[
		N/A	Never affects this activity	Rar affe thi	cts	aff tl	sionally ects nis tivity	Freque affect this activit	s	a	always affects this activity
	Leisure/Social]	[
	Housework/ Errands]	[
	Work/School]	[

Figure S2: Improvement in 5-D Itch Total Score in the Pooled KALM-1 and KALM-2 Studies

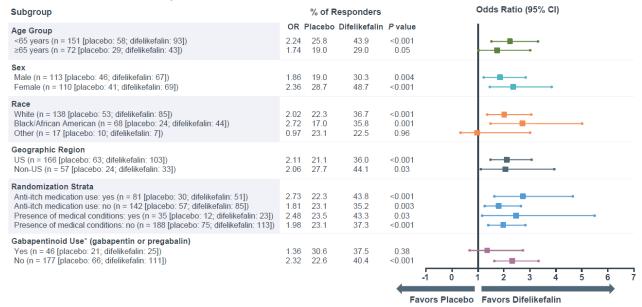


^{*}Week 12 of double-blind period; week 1 of OLE period. In KALM-2, in addition to the subjects who discontinued from the OLE period, 313/399 (78.4%) subjects could not complete the 52-week OLE period due to the sponsor's decision to stop the study for reasons unrelated to safety or lack of drug effect. A 2-week discontinuation following the end of the double-blind period of KALM-1 is not pictured in the figure.

CI, confidence interval; LS, least squares; OLE, open-label extension.

Supplementary Figure 3. Subgroup Analyses for ≥4-Point WI-NRS Response at Week 12

≥4-Point Improvement From Baseline in WI-NRS at Week 12



^{*}Prior gabapentinoid use included participants who used gabapentin or pregabalin for any condition, including itch. Differences between placebo and difelikefalin with respect to proportions were analyzed using a logistic regression model containing terms for treatment group, baseline WI-NRS score, use of anti-tich medication during the week prior to randomization, presence of specific medical conditions, and region/study. Missing weekly WI-NRS scores imputed by multiple imputation under a missing at random assumption.

CI. confidence interval: WI-NRS. Worst Itching Intensity Numerical Rating Scale.

Item S1: Supplementary Methods

KALM-1 and KALM-2 Study Design

KALM-1 and KALM-2 were randomized, placebo-controlled, phase 3 studies with similar study designs. Both studies assessed the efficacy and safety of intravenous (IV) difelikefalin in adult participants with moderate-to-severe pruritus undergoing hemodialysis (HD). KALM-1 was a US study, and KALM-2 was a global study conducted in North America(United States and Canada), Europe (Czech Republic, Germany, Great Britain, Hungary, and Poland), and the Asia Pacific region (Australia, New Zealand, South Korea, and Taiwan).

Participants completed a 7-day run-in period to confirm they had moderate-to-severe chronic kidney disease—associated pruritus (CKD-aP), defined as weekly mean Worst Itching Intensity Numerical Rating Scale (WI-NRS) score of >4 in KALM-1 or ≥5 in KALM-2. Eligible participants with moderate-to-severe pruritus undergoing HD were randomly assigned (1:1) to receive IV difelikefalin 0.5 mcg/kg or placebo 3 times/week for 12 weeks. Participants were stratified according to use of concomitant anti-itch medications (yes or no) and by the presenceor absence of specific medical conditions (i.e., history of fall or fracture [related to fall]; confusional state, mental status change, altered mental status, or disorientation; gait disturbanceor movement disorder) during the run-in period. The placebo-controlled, double-blind period was followed by an open-label extension in which all participants were eligible to receive IV difelikefalin 0.5 mcg/kg 3 times per week for up to 52 weeks.

KALM-2 Eligibility Criteria

Eligible patients were adults (18-85 years of age) with end-stage renal disease (ESRD) who were undergoing HD 3 times per week for at least 3 months prior to screening. Patients hadmoderate-to-severe pruritus, defined as weekly mean of daily WI-NRS score ≥5, assessed duringa 7-day run-in period conducted immediately prior to randomization. During the 3-month periodprior to screening, dialysis adequacy was controlled by requiring at least 2 single-pool Kt/V

measurements \geq 1.2, or at least 2 urea reduction ratio measurements \geq 65%, or 1 single-pool Kt/Vmeasurement \geq 1.2 and 1 urea reduction ratio measurement \geq 65% on different dialysis days.

Patients who required an occasional additional dialysis treatment to manage fluid overload or electrolyte excesses could be enrolled if no more than 1 such treatment was expected any given week and no more than 4 additional dialyses were to occur during the 12-week double-blind period; patients receiving routine dialysis 4 days a week were not eligible. Patients were not eligible to participate in the study if they were receiving alternate dialysis modalities (eg, nocturnal dialysis).

Patients were excluded from the study if they were scheduled to receive a kidney transplant during the study; had new or changes in treatments within 14 days prior to screeningfor itch (including antihistamines, corticosteroids, opioids, gabapentin, or

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pregabalin); had pruritus attributed to a cause other than ESRD or its complications; had localized itch restricted to the palms of the hands; had patient-reported pruritus only during the dialysis session; or had ongoing ultraviolet B treatment.

Table S1. Demographics and Participant Characteristics at Baseline inKALM-1 and KALM-2 Phase 3 Studies

	KAI	$LM-1^1$	KALM-2		
	Placebo	Difelikefalin (n = 189)	Placebo	Difelikefalir (n = 237)	
Characteristics	(n = 189)	(n 10))	(n = 236)	(n – 237)	
Age, mean (SD), years	56.7 (13.9)	58.2 (11.2)	59.6 (13.1)	59.8 (13.2)	
Male, n (%)	119 (63.0)	112 (59.3)	139 (58.9)	137 (57.8)	
Race, n (%)					
White	93 (49.2)	91 (48.1)	169 (71.6)	164 (69.2)	
Black or African American	76 (40.2)	82 (43.4)	38 (16.1)	53 (22.4)	
Other*	18 (9.5)	15 (7.9)	29 (12.3)	20 (8.4)	
Unknown	2 (1.1)	1 (0.5)	-	-	
Region					
USA	189 (100)	189 (100)	133 (56.4)	146 (61.6)	
Eastern Europe	-	-	60 (25.4)	54 (22.8)	
Western Europe/ European origin	-	-	31 (13.1)	29 (12.2)	
Asia	-	-	12 (5.1)	8 (3.4)	
Prescription dry body weight, mean (SD), kg	85.3 (21.6)	85.9 (20.3)	80.0 (19.5)	81.4 (19.7)	
Time since diagnosis of ESRD, mean (SD), years	5.7(5.2)	4.7 (3.9)	5.5 (4.5)	5.2 (4.7)	
Years on chronic HD, mean (SD)	4.7 (4.2)	4.4 (4.0)	5.1 (4.3)	4.8 (4.6)	
Cause of CKD, n (%)					
Hypertension**	78 (41.3)	63 (33.3)	60 (25.4)	59 (24.9)	
Diabetes ^{††}	94 (49.7)	107 (56.6)	112 (47.5)	118 (49.8)	

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Cystic disease	2 (1.1)	0 (0)	13 (5.5)	14 (5.9)
Glomerulonephritis ^{‡‡}	4 (2.1)	7 (3.7)	12 (5.1)	11 (4.6)
Other	11 (5.8)	12 (6.3)	39 (16.5)	35 (14.8)
Duration of pruritus, mean (SD), years	3.4 (3.4)	3.2 (3.2)	3.2 (3.2)	3.2 (4.5)
Blood chemical testing [†]				
Bilirubin, mean (SD), mg/dL	0.5 (0.3)	0.6 (0.9)	0.5 (0.3)	0.5 (0.2)
Calcium, mean (SD), mg/dL	8.4 (0.8)	8.4 (0.8)	8.8 (0.8)	8.8 (0.8)
Phosphate, mean (SD), mg/dL	5.6 (1.9)	5.6 (1.9)	5.6 (2.2)	5.6 (2.2)
Baseline use of anti-itch medications, n (%)	78 (41.3)	72 (38.1)	85 (36.0)	87 (36.7)
Most commonly used (>2%) anti-itch medications at baseline, n (%)				
Diphenhydramine	71 (37.8)	61 (32.3)	24 (10.2)	43 (18.3)
Hydroxyzine	21 (11.2)	20 (10.6)	21 (13.1)	20 (9.4)
Hydrocortisone	8 (4.3)	6 (3.2)	8 (3.4)	5 (2.1)
Triamcinolone	3 (1.6)	5 (2.6)	-	-
Clemastine	-	-	10 (4.2)	7 (3.0)
Loratadine	4 (2.1)	1 (0.5)	4 (1.7)	5 (2.1)
Ammonium lactate	4 (2.1)	2 (1.1)	-	-
Cetirizine	-	-	7 (3.0)	4 (1.7)
Chlorphenamine	-	-	5 (2.1)	2 (0.9)
History of specified medical condition, † n (%)	28 (14.8)	25 (13.2)	37 (15.7)	42 (17.7)

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WI-NRS score, mean (SD)	7.2 (1.6)	7.1 (1.4)	7.1 (1.4)	7.3 (1.4)
5-D Itch scale total score, mean (SD)	17.9 (3.5)	16.9 (3.5)	16.2 (3.3)	16.7 (3.5)
Skindex-10 scale total score, mean (SD)	38.3 (15.4)	36.2 (14.4)	34.2 (14.7)	35.5 (15.0)

^{*}Includes American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, and other.

Reference

1. Fishbane S, Jamal A, Munera C, Wen W, Menzaghi F. A phase 3 trial of difelikefalin in hemodialysis patients with pruritus. *N Engl J Med.* 2020;382(3):222-232

[†]Conversion factors for units: bilirubin mg/dL to μ mol/L, ×17.1; calcium mg/dL to mmol/L, ×0.2495; phosphate mg/dL to mmol/L, ×0.3229.

[‡]Conditions include fall, fall-related fracture, confused state, altered mental status, disorientation, gait disturbance, and movement disorder.

^{**}Hypertension included terms of "Hypertension only" and "Hypertension, Other".

^{††}Diabetes included terms of "Diabetes only", "Diabetes, Hypertension", "Diabetes, Hypertension, Other", and "Diabetes, Other".

^{‡‡}Glomerulonephritis included terms of "Glomerulonephritis only" and Glomerulonephritis, Other". ESRD, end-stage renal disease; HD, hemodialysis; SD, standard deviation; WI-NRS, Worst InchingIntensity Numerical Rating Scale.

Table S2. Summary of Efficacy Outcomes in KALM-1 and KALM-2

-		KALM-1 ¹		KALM-2		
Endpoint	Placebo (n = 189)	Difelikefalin (n = 189)	P value	Placebo (n = 236)	Difelikefalin (n = 235)	<i>P</i> value
Primary						
≥3-Point improvemen	nt from baseline	e in weekly mean	of daily W	I-NRS scores a	t week 12*	
Observed, n/N (%)	(30.9)	82/157 (52.2)		(37.2)	95/191 (49.7)	
Least-squares mean (95% CI), % Odds ratio (95% CI)	28.3 (21.0, 37.1)	50.9 (41.6, 60.2) 2.62 (1.68, 4.09)	<0.001	42.6 (33.4, 52.3)	53.4 (43.7, 62.8) 1.54 (1.05, 2.27)	0.03
Secondary		(1.00, 1.07)			(1.03, 2.27)	
≥4-Point improvement		e in weekly mean	of daily W			
Observed, n/N (%)	(21.2)	64/157 (40.8)		(25.1)	72/191 (37.7)	
Least-squares mean (95% CI),	18.0 (12.2, 25.7)	38.4 (29.6, 48.2)		26.4 (18.5, 36.2)	37.3 (27.7, 48.1)	
Odds ratio (95% CI)		2.85 (1.73, 4.70)	< 0.001		1.66 (1.09, 2.52)	0.02
Least-squares mean change from baseline at week 12 in Skindex-10 total score (95% CI)	-12.0 (-14.5, -9.6)	-17.2 (-19.6, -14.7)	<0.001	-14.8 (-17.4, -12.2)	-16.6 (-19.3, -14.0)	0.17
Least-squares mean change from baseline at week 12 in 5-D Itch total score (95% CI)	-3.7 (-4.4, -3.1)	-5.0 (-5.7, -4.4)	<0.001	-3.8 (-4.5, -3.1)	-4.9 (-5.6, -4.2)	0.002^{\dagger}

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Other									
Complete WI-NRS response (score of 0 or 1) at week 12									
Observed, n/N (%)	13/189 (6.9)	26/189 (13.8)		18/236 (7.6)	29/237 (12.2)				
Least-squares mean (95% CI), %	5.7 (2.8, 11.0)	11.0 (6.2, 18.8)		7.8 (4.2, 14.2)	13.3 (7.7, 21.8)				
Odds ratio (95% CI)		2.06 (1.02, 4.19)	0.05		1.80 (0.96, 3.36)	0.07			
Mean change from baseline in WI-NRS at week 12									
Least-squares mean (95% CI)	-2.0 (-2.4, -1.7)	-3.2 (-3.5, -2.8)	<0.001	-2.5 (-2.8, -2.1)	-3.1 (-3.4, -2.7)	0.008			

^{*}These data were analyzed without Cui, Hung, and Wang adjustment for interim and post-interim analyses. In the primary analyses of KALM-1 and KALM-2, *P* values were adjusted to account for aplanned interim analysis for sample size re-estimation; this adjustment is not applicable to the pooledanalyses and is not presented in this manuscript.

For the primary and secondary categorical endpoints, estimated proportions, odds ratio, and *P* value are based on a logistic regression model with terms for treatment group, baseline WI-NRS score, region (KALM-2 only), use of anti-itch medication during the week prior to randomization, and the presence ofspecific medical conditions.

Continuous endpoints were analyzed by analysis of covariance (ANCOVA) with treatment group as a fixed effect, and baseline score, region (KALM-2 only), and randomization stratification as covariates. Missing data were imputed using multiple imputation under missing at random assumption.

CI, confidence interval; SE, standard error; WI-NRS, Worst Itching Intensity Numerical Rating Scale.

Reference

2. Fishbane S, Jamal A, Munera C, Wen W, Menzaghi F. A phase 3 trial of difelikefalin in hemodialysispatients with pruritus. *N Engl J Med.* 2020;382(3):222-232

 $^{^{\}dagger}$ Nominal P value; not considered influential based on sequential statistical analysis.