

Table S1 Studies that performed specific testing to examine predictive factors for response to CGRP (-R) mAbs

First author	Pub. year	Location	N	EM/CM	CGRP (-R) mAb	Inclusion/exclusion criteria	FU (mon)	Outcome	Study design	Predictive factors	50% RR
<b>Alpuente [1]</b>	2022	Barcelona Spain	43	EM (62.8%) or CM (37.2%)	Er	I: patients with EM or CM, and age-matched healthy controls E: patients taking other preventive treatments, and those with medical condition that could alter saliva (smokers, chronic pain conditions, systemic disorders such as Sjogren's syndrome)	3	50% MHD	prospective observational study	salivary CGRP	41.7%
<b>Nowaczewska [2]</b>	2022	Poland	123	EM (29.3%) or CM (70.7%)	Er (61%), Fr (39%)	I: consecutive migraine patients receiving CGRP mAbs, migraine with or without aura, at least 4 migraine days per month, ages 18-70 years, at least 3 months of mAb treatment, TCD examination performed at baseline E: patients with inadequate temporal windows, stenosis of intracranial arteries, hemodynamically significant stenosis of the ICAs, atrial fibrillation, cardiovascular disease and other severe somatic or psychiatric disorders	3	50% MMD	retrospective observational study	Maximum flow velocity in MCAs	58.5%
<b>Ashina [3]</b>	2023	Boston, USA	43	EM (55.8%) or CM (44.2%)	Ga	I: patients aged 18-65 years, prior diagnosis of migraine (with or without aura), onset of migraine 50 years or younger E: pregnancy or lactation, significant psychiatric or cognitive disorder, other significant pain problem	3	50% MMD	prospective observational cohort study	allodynia using quantitative sensory testing	55.8%
<b>Peng [4]</b>	2022	Hamburg, Germany	26	EM (57.5%) or CM (42.3%)	Ga	I: patients 18-65 years of age, at least 4 migraine days per month, failures to 5 prophylactic treatments E: comorbid pain or headache disorders, contraindications to quantitative sensory testing, severe psychiatric, neurologic or somatic comorbidities	3	30% MHD	prospective cohort study	baseline heat pain threshold	

Note:

Abbreviations: Er: Erenumab, Fr: Fremanezumab, Ga: Galcanezumab, RR: responder rate, FU: follow-up, mon: months, I: included, E: excluded, MCA: middle cerebral artery, TCD: transcranial doppler, 50% RR: 50% responder rate

Table S2 Studies that examined mainly psychologic factors as predictors of response to CGRP(-R) mAbs

First author	Pub. year	Location	N	EM/CM	CGRP (-R) mAb	Inclusion criteria	FU (mon)	End-point	Study design	Predictive factors	50% RR
<b>Bottiroli [5]</b>	2021	Pavia, Italy	75	CM	Er	I: failure of at least three different pharmacological classes of preventive therapies E: dementia, previous diagnosis of psychosis, mental retardation	12	50% MMD	prospective observational study	Cluster C personality disorders, anxiety disorders, number of serious stressful events	71.0%
<b>Lovati [6]</b>	2022	Milan, Italy	97	NA	Ga (33%), Fr (13%), Er (51%)	I: patients that were treated with GCRP (-R) mAbs for 6 months E: not defined	6	50% MHD	(retrospective observational study)	disinhibition, depressivity, anhedonia	54.6%
<b>Driessen [7]</b>	2022	USA	1003	EM (41.5%) or CM (58.5%)	Fr	I: patients with EM or CM, aged 18 years or older, who were treated with one or more doses of Fr E: pregnancy in the prior 12 months	7	Change in MHD, 50% MHD	retrospective observational study	comorbid depression and generalized anxiety disorder, MO	53.0%

Note:  
Abbreviations: Er: Erenumab, Fr: Fremanezumab, Ga: Galcanezumab, RR: responder rate, FU: follow-up, mon: months, I: included, E: excluded

Table S3 Studies that examined migraine headache characteristics, migraine history, and demographic factors as predictors of response to CGRP(-R) mAbs

First author	Pub. year	Location	N	EM/CM	CGRP (-R) mAb	Inclusion/Exclusion criteria	FU (mon)	End-point	Study design	Predictive factors	50% RR
<b>Vernieri [8]</b>	2021	Italy	156	CM	Ga	I: failure of at least two preventive treatments, or other preventive treatments not possible due to comorbidities/side effects/poor compliance E: not defined	3	50% MHD	prospective multicenter observational study	triptan response, unilateral pain	64.7%
<b>Russo [9]</b>	2020	Naples, Italy	70	CM	Er	I: failure of at least four or more oral preventive medication classes, or BoNTA E: comorbid psychiatric disorders	6	30, 50, and 75% red. MHD	prospective observational study	disease duration	60.0%
<b>Iannone [10]</b>	2022	Florence, Italy	203	CM	Er (47.3%), Ga (36.5%), Fr (16.3%)	I: failure of three or more classes of migraine-preventive medications E: not defined	6,4	50% MMD	prospective monocentric cohort study	age, MMD at baseline	56.8%
<b>Barbanti [11]</b>	2022	Italy	208	HFEM	Er (81.2%), Ga (13.5%), Fr (5.3%)	I: failure of more than three pharmacological classes of migraine preventive medications E: not defined	6	50% MHD	prospective multicenter observational study	unilateral pain, unilateral autonomic symptoms	64.9%
<b>Barbanti [11]</b>	2022	Italy	656	CM	Er (71.6%), Ga (22.1%), Fr (6.3%)	I: failure of more than three pharmacological classes of migraine preventive medications E: not defined	6	50% MHD	prospective multicenter observational study	unilateral pain, unilateral autonomic symptoms, allodynia, obesity	61.4%
<b>Frattale [12]</b>	2021	Abruzzo, Italy	91	HFEM (9.9%) or CM (90.1%)	Er	I: triptan users (at least one triptan for at least three migraine attacks) E: not defined	6	50% MMD	real-life observational study	triptan response	63.7%

<b>Schoenen [13]</b>	2021	Belgium	156	EM (51.3%) or CM (48.7%)	Er	I: 4 or more MMD, 2 or more previous prophylactic drug treatments E: myocardial infarction, stroke, TIA, unstable angina, coronary artery bypass surgery, revascularization procedures in previous 12 months, ECG abnormalities	12	50% MHD	observational cohort study	Nr. of previous prophylactic medications	51.0%
<b>Caronna [14]</b>	2021	Spain	139	CM	Er (69.1%), Ga (30.9%)	I: consecutive patients who started treatment with anti-CGRP (-R) mAbs, more than 8 migraine days, failure of at least 3 preventive medications (including BoNTA) E: not defined	6	50% MHD	prospective observational study	MO(H), headache intensity	50.4%
<b>Raffaelli [15]</b>	2023	Berlin, Germany	260	EM or CM	Er (47.3%), Fr (25.5%), Ga (27.3%)	I: migraine patients receiving CGRP (-R) mAbs E: treatment duration of less than 3 months, prior participation in a registration trial with CGRP (-R) mAbs, missing headache documentation	3	>75% vs. <25% red. in MHD	retrospective cohort study	typical migraine characteristics, MO(H), depression, CM	NA
<b>Ihara [16]</b>	2023	Tokyo, Japan	101	EM (55.6%) or CM (44.4%)	Ga (54%), Fr (31%), Er (13%)	I: diagnosis of migraine, including probable migraine by a headache specialist E: not defined	3	50% MMD	retrospective observational study	age, Nr. of prior treatment failures, comorbid immuno-rheumatologic diseases	54.0%

<b>Zecca [17]</b>	2023	Lugano, Switzerland	110	EM (50%) or CM (50%)	Er	I: patients aged 18 to 70 years, migraine diagnosis at least for 1 year, 8 days with migraine per month for at least 3 months, at least 2 failures or intolerability/contraindications for all 3 classes of migraine preventives E: migraine onset over 50 years, history of hemiplegic migraine, primary headache disorder other than migraine, BoNTA within 4 months before inclusion, changed migraine preventive medication within 2 months before inclusion	3	50% MMD	prospective multicenter study	age at migraine onset, Nr. of prior treatment failures, MIDAS Score, genetic variants	53.6%
<b>Silvestro [18]</b>	2021	Naples, Italy	84	CM	Er	I: CM patients aged 18-65, who failed at least 4 preventive medication classes, and BoNTA E: migraine patients with psychiatric comorbidities (psychosis, bipolar disorders or severe anxious or depressive symptoms)	3	30% MHD	(retrospective observational study)	MMD at baseline, pain catastrophizing, MO(H)	65.0%
<b>Schiano di Cola [19]</b>	2023	Brescia, Italy	152	HFEM (24.3%) or CM (75.7%)	Er (55.3%), Ga (32.2%), Fr (12.5%)	I: patients previously or currently in treatment with anti-CGRP or anti-CGRP-R mAbs, available 6 month follow-up E: not defined	6	50% MHD	retrospective observational study	age, gender, education, marital status, triptan response, headache location	62.6%
<b>Lee [20]</b>	2023	Seoul, South Korea	238	CM	Ga	I: patients 18 years or older, with history of migraine at least 12 months E: patients with a history of cluster headache or hemiplegic migraine, age >50 years at migraine onset, history of vascular disease, pregnancy or lactation	3	50% MHD	prospective observational study	continuous CM, comorbid depression, no accompanying symptoms	64.3%

<b>Lowe [21]</b>	2022	Glasgow, UK	103	CM	Er	I: patients with chronic migraine, with treatment failures to all classes of preventive medications including BoNTA E: patients with uncontrolled hypertension or pregnancy	3	50% MHD	retrospective observational study	MHD at baseline, continuous CM	22.3%
<b>Lekontseva [22]</b>	2022	Calgary, Canada	90	EM (11.1%), CM (62.2%), CM+ (27.7%)	Er	I: patients with the diagnosis of migraine, who received at least three doses of Er E: not defined	3	30% MHD	retrospective (chart review) observational	EM/CM vs CM+, employment, prior preventive failures	53.3%
<b>Kwon [23]</b>	2022	Seoul, South Korea	87	EM (25.3%), or CM (74.7%)	Ga	E: patients with concomitant primary or secondary headache diagnosis	3	50% MHD	prospective observational study	MOH, Nr. of failed medications, response to BoNTA	44.8%
<b>Takizawa [24]</b>	2022	Tokyo, Japan	52	EM (48.1%), or CM (51.9%)	Ga	I: patients who have received 3 doses of Ga, fulfilling diagnostic criteria for migraine, aged >18 years E: patients who discontinued Ga before completing 3 doses	3	50% MMD	retrospective observational cohort study	MOH, GAD-7	42.3%
<b>Vernieri [25]</b>	2022	Rome, Italy	191	HFEM (22.5%), or CM (77.5%)	Ga	I: consecutive patients aged 18 years or older, with a diagnosis of HFEM (8-14 MMD) or CM, with indication for Ga treatment E: not defined	12	Persistent vs. nonpersistent response	prospective multicenter observational study	triptan response, gastrointestinal and psychiatric comorbidity, BMI	56.5%
<b>Baraldi [26]</b>	2021	Modena, Italy	111	CM with MOH	Er	I: patients with CM complicated with MOH, aged 18-65 years, failed at least 3 classes of first-choice preventive treatments for migraine E: not defined	12	50% MHD	retrospective observational	sex, duration of medication overuse, number of previously failed preventive treatments, MHD, AC, MMD, MIDAS	44.1%

<b>Salem-Abdou [27]</b>	2021	Québec, Canada	172	EM (32%) or CM (68%)	Er	I: patients at least 18 years of age, with episodic or chronic migraine for at least 1 year, failure of at least 2 oral preventive treatments E: not defined	3	50% MMD	retrospective observational	CM, TTH, triptan response	57.0%
<b>Torres-Ferrús [28]</b>	2021	Barcelona, Spain	155	EM (12.9%) or CM (87.1%)	Er (70.3%), Ga (29.7%)	I: patients with EM or CM with a headache frequency of 8 or more days per month, at least 3 preventive medication failures E: not defined	3	50% MHD	prospective observational study	baseline MMD, concomitant preventive treatment, MIDAS score at baseline	39.5%
<b>Pensato [29]</b>	2022	Bologna, Italy	149	CM with MOH	Er	I: patients aged 18-65 years, migraine onset <40 years, CM with MOH, failure to BoNTA and at least 3 other preventives E: pregnancy or lactation, major cardiovascular/cerebrovascular conditions, headache disorders other than CM or MOH	3	50% MHD	prospective multicentric observational cohort study	Allodynia	51.0%
<b>Argyriou [30]</b>	2023	Greece	204	HFEM (47.5%) or CM (52.5%)	Fr	I: patients with HFEM or CM, with or without MOH E: contraindication to Fr, patients with major psychiatric disorder, pregnancy or lactation	3	50% MHD	prospective multicenter clinical study	MOH, presence of aura	72.5%
<b>Ornello [31]</b>	2021	Global	1410	EM (26.5%) or CM (73.5%)	Er	I: Er treatment for migraine prevention, migraine diaries, follow-up 12 weeks E: not defined	3	Change in MHD	pooled patient-level analysis of observational data	sex, with additional analysis on baseline characteristics	46.5%
<b>Cetta [32]</b>	2022	Milan, Italy	30	EM (40%) or CM (60%)	Er	I: patients over and under 65 years, matched according to sex and disease activity (MHD and MMD) E: not defined	6	change in MHD	prospective single-center observational study	age over 65 vs. younger	

<b>Guerzoni [33]</b>	2023	Modena, Italy	233	EM (17.2%) or CM (82.8%)	Er (72.5%), Ga (22.8%), Fr (4.7%)	I: female patients with EM or CM, with or without MO E: not defined	12	change in MHD	prospective single center study	post- vs. premenopause	
<b>Cheng [34]</b>	2020	Australia	170	CM	Er	I: patients with CM, 18 years or older E: pregnant or breastfeeding patients, patients with major cardio- or cerebrovascular disease, malignancy	6	50% MMD	retrospective observational	continuous CM, more than 5 previous failures to preventive medications, failure to BoNTA	46.5%
<b>Barbanti [35]</b>	2021	Italy	221	HFEM (25.8%) or CM (74.2%)	Er	I: consecutive patients aged 18-65 with HFEM or CM, with or without MO, not previously involved in any CGRP mAb RCT E: not defined	12	change in MMD/ MHD	multicenter cohort study	Cutaneous allodynia, MHD at baseline, sex, prior treatment failures, psychiatric comorbidities	70.6%
<b>Ornello [36]</b>	2020	Abruzzo, Italy	89	EM (5.6%) or CM (94.4%)	Er	I: patients aged 18 to 65 years consecutively treated with erenumab	6	50% MMD	retrospective observational study	MMD at baseline, analgesic days	71.9%
<b>De Matteis [37]</b>	2022	Abruzzo, Italy	136	EM (22.8%) or CM (77.2%)	Er, Ga, Fr	I: consecutive patients treated with CGRP (-R) mAbs	3	change in MHD	prospective observational study	cranial autonomic symptoms	56.8%
<b>De Vries Lentsch [38]</b>	2022	Netherlands	94	EM (55%) or CM (45%)	Er	I: migraine patients (episodic or chronic, with or without aura) that started erenumab E: comorbid primary headache disorder other than tension type headache	3	change in MMD	prospective observational study	serum CGRP-like immunoreactivity	

Note:

Abbreviations: Er: Erenumab, Fr: Fremanezumab, Ga: Galcanezumab, Ept: Eptinezumab RR: responder rate, FU: follow-up, mon: months, I: included, E: excluded, BoNTA: onabotulinumtoxinA



## List of included studies

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