**Supplemental Table 1.** Inclusion and Exclusion Criteria for the PREDICT Study

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| Inclusion criteria:1. Participant with a diagnosis of CM, as defined by the ICHD-3 (beta version38), who is eligible to receive onabotulinumtoxinA for injection treatment as per the approved Product Monograph37 and deemed medically necessary by the participating physician independently from this study, and is naïve to botulinum toxin treatment for CM.
2. Male or female that is ≥18 years of age on the day the informed consent form is obtained.
3. Participant using medication(s) with a known headache preventive effect may be included in the study if, in the opinion of the investigator, the dose has been stable, and the medication(s) has been well-tolerated for at least 12 weeks prior to baseline (visit 1).
4. Participant (and/or participant’s authorized legal representative) should understand the nature of the study and provide written informed consent prior to or at baseline (visit 1).
5. Participant is able to follow all study requirements/procedures and complete required visits.
 |
| Exclusion criteria:1. Participant has been diagnosed with the following complicated migraine disorders: hemiplegic migraine, basilar migraine, ophthalmoplegic migraine, or migrainous infarction.
2. Participant with a headache diagnosis of: chronic tension-type headache, hypnic headache, hemicrania continua, or new daily persistent headache.
3. Participant who is currently taking, or planning on taking, opioid-containing products for acute headache treatment or a pain condition on more than 8 days during the 28-day run-in-period (baseline period) and throughout the study, or is currently taking, or planning on taking, barbiturates (or combination) for acute headache or a pain condition.
4. Participant is concurrently participating in a clinical trial.
5. Participant with any contraindication to use onabotulinumtoxinA according to the approved Product Monograph.37
6. Participant planning elective surgery during the study period.
7. Female who is pregnant, nursing, or planning a pregnancy during the study period.
8. History of poor cooperation, non-compliance with medical treatment, or unreliability.
9. Any condition or situation which, in the physician’s opinion, places the participant at significant risk, could confound the study data, or may interfere significantly with participation in the study, including, but not limited to, unstable medical conditions.
10. Treatment with any other botulinum toxin product for any condition within 3 months of baseline (visit 1).
11. Participant who in the opinion of the investigator, has current uncontrolled active major psychiatric or depressive disorder(s).
12. Any medical condition that may put the participant at increased risk with exposure to onabotulinumtoxinA, including diagnosed myasthenia gravis, Eaton-Lambert syndrome, amyotrophic lateral sclerosis, or any other significant disease that might interfere with neuromuscular function.
13. Known allergy or sensitivity to the study medication or its components.
14. Inflammation or infection at anticipated injection sites at the time of onabotulinumtoxinA injection.
15. Participant with a BDI-II score of >24.39
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BDI-II, Beck Depression Inventory Score; CM, chronic migraine; ICHD-3, International Classification of Headache Disorders, 3rd edition (beta version).

**Supplemental Table 2. PREDICT Health Resource Utilization (HRU) Questionnaire**

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| **HRU Questionnaire†** |
| **Question 1.** Did you visit the office of a health care professional for headache treatment or evaluation during the past 6 months?1a. If yes, type of doctor and total number of headache related visits**Question 2.** Did you visit an emergency room or urgent care clinic to receive treatment for headache during the past 6 months?2a. If yes, total number of headache-related visits**Question 3.** Were you admitted to a hospital for a headache during the past 6 months?3a. If yes, total number of headache related admissions to the hospital3b. If yes, total number of overnights spent in the hospital for the treatment of headache**Question 4.** Did you receive any headache-related diagnostic testing during the past 6 months?4a. If yes, diagnostic test and total number of headache related tests |

†The HRU questionnaire was completed by participants at Visit 1/Screening, Visit 3/Treatment 2 (prior to onabotulinumtoxinA administration), Visit 5/Treatment 4 (prior to onabotulinumtoxinA administration) and Visit 7/final visit.

**Supplemental Table 3.** **OnabotulinumtoxinA Treatment Interval (A) and Dosage (B)†**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | **Tx1 to Tx2**(n=174) | **Tx2 to Tx3**(n=163) | **Tx3 to Tx4**(n=150) | **All Tx‡(Tx1 - Tx4)**(n=487) | **Tx7 toFinal Visit**(n=128) |
| Interval, mean weeks (SD) | 13.1 (1.7) | 13.1 (1.3) | 13.5 (2.4) | 13.2 (1.8) | 14.1 (3.7) |
| Median (Q1, Q3) | 13.0 (12.0, 14.0) | 13.0 (12.0, 13.9) | 13.0 (12.0, 14.0) | 13.0 (12.0, 14.0) | 13.1 (12.4, 14.1) |
| Range | 8.9-22.9 | 10.0-19.0 | 11.0-25.6 | 8.9-25.6 | 0.1-31.6 |
| Interval, n (%) |  |  |  |  |  |
| <12 weeks | 27 (15.5) | 17 (10.4) | 14 (9.3) | 58 (11.9) | 6 (4.7) |
| 12 weeks | 25 (14.4) | 29 (17.8) | 20 (20.0) | 84 (17.2) | 20 (15.6) |
| >12 weeks | 122 (70.1) | 117 (71.8) | 106 (70.7) | 345 (70.8) | 102 (79.7) |
|  |
| **B** | **Tx1**(n=184) | **Tx2**(n=174) | **Tx3**(n=163) | **Tx4**(n=150) | **Tx7**(n=128) | **All Tx**(n=671) |
| Total dose, mean U (SD) | 171 (18) | 171 (19) | 172 (18) | 170 (18) | 171 (19) | 171 (18) |
| Median (Q1, Q3) | 165 (155, 190) | 165 (155, 185) | 170 (155, 185) | 165 (155, 185) | 170 (155, 185) | 165 (155, 185) |
| Range | 155-210 | 125-255 | 140-255 | 125-200 | 135-250 | 125-255 |
| Total dose, n (%) |  |  |  |  |  |  |
| <155 U | 0 | 4 (2.3) | 1 (0.6) | 3 (2.0) | 2 (1.6) | 8 (1.2) |
| 155-195 U | 141 (76.6) | 132 (75.9) | 126 (77.3) | 115 (76.7) | 100 (78.1) | 514 (76.6) |
| >195-200 U | 42 (22.8) | 36 (20.7) | 34 (20.9) | 32 (21.3) | 23 (18.0) | 144 (21.5) |
| >200 U | 1 (0.5) | 2 (1.1) | 2 (1.2) | 0 | 3 (2.3) | 5 (0.7) |

n, number of treatments; Q1, quartile 1; Q3, quartile 3; SD, standard deviation; TX, treatment; U, units.

†No data were missing.

‡Data shown represent the average of Tx1 to Tx2, Tx2 to Tx3, and Tx3 to Tx4.

**Supplemental Table 4.** **Treatment-Emergent** **Adverse Events†**

|  |  |  |
| --- | --- | --- |
|  | **Participants, n (%)** | **Events, n** |
| TEAEsUpper respiratory tract infectionEyelid ptosisNeck painNasopharyngitisSinusitisBronchitisPneumoniaBrow ptosis | 8 (4.3)8 (4.3)8 (4.3)7 (3.8)6 (3.3)6 (3.3)5 (2.7)4 (2.2) | 119977656 |
| Serious TEAEsCentral pain syndromeColon cancerIdiopathic intracranial hypertensionSeizureSyncope | 1 (0.5)1 (0.5)1 (0.5)1 (0.5)1 (0.5) | 21111 |
| Treatment-related TEAEsEyelid ptosisBrow ptosisMuscle spasmsMuscle tightnessNeck painMuscular weaknessEye swellingHead discomfortHeadacheLacrimation increasedMusculoskeletal discomfortMusculoskeletal painMusculoskeletal stiffnessPain in jawTrismus | 8 (4.3)4 (2.2)3 (1.6)3 (1.6)3 (1.6)2 (1.1)1 (0.5)1 (0.5)1 (0.5)1 (0.5)1 (0.5)1 (0.5)1 (0.5)1 (0.5)1 (0.5) | 964442111111111 |

†TEAEs occurring in >2% of participants are shown; all serious TEAEs and treatment-related TEAEs are shown. The same events in a given patient can be reported in the TEAEs and treatment-related TEAEs sections depending on whether or not they were considered to be treatment related. Abbreviations: n, number of participants or events; TEAE, treatment-emergent adverse events.