

## Supplemental Material – PRECIS-2 Tool Assessment

Whilst the PRECIS-2 tool assessment was not completed during the design of the study, when it is designed to be conducted, a post assessment use of the tool confirms the use of the term pragmatic. For example, from the nine PRECIS-2 domains:

**Eligibility:** Would score 4 (out of 5) since those identified in the study would be those identified in usual care. The study does exclude inpatients, which in the “real world” could in theory participate but we felt the DMS intervention was of limited benefit in this setting since inpatients have observed adherence

**Recruitment:** would score 4-5 since recruitment is based simply on screening patient caseloads and assessment of patients who may need help with adherence measures. No advertisements have been conducted.

**Setting:** Would score 4-5 since the care settings used in the study are those in usual care. We have a range of participants from community and specialist mental health services

**Organisation:** Would likely score 3-4 since although the resource/expertise is largely similar to usual care, the study does use NHS research staff to assist with training and screening, as is commonplace with all clinical studies in the UK

**Flexibility (delivery):** Would score 3-4 since the study gives patients and HCPs the ability to follow standard of care but does require specific site visit at w4 and w8 (yet one could argue this would occur naturally since the w4 visit is to collect a new prescription (which would occur in

the real world) and the w8 visit is the completion of the study. Patients do not experience any other “forced” visits.

Flexibility (adherence): Would score 3 since following enrolment if patients do not utilise the patch/app the site can contact the patient to find out why they are not engaging and try to encourage; however, this would be the same if the DMS was indeed normal practice; this is the intention of the tool to promote conversations between visits when individuals are not adherent.

Primary outcome: would score 3-4; whilst the outcome may not be obvious to patients, the outcome has been supported from conversations with HCPs and payers. The good patch coverage days are essential to provide insight into medication taking so again, if the intervention become standard, the metric would be used since it would determine whether objective and insightful data was being captured.

Primary analysis: Would score 4 since all individuals will be included in the analysis with all available data.

Based on the above, the average score is approx. 4 which equates to “Rather pragmatic”

The reason why the study is not the top score of 5 (Very pragmatic) is that the intervention itself does cause changes to current care but we are not stating how individuals should respond to these changes. They are free to decide for themselves.