

SUPPLEMENTARY DATA

Supplement A

Worst-Case Scenario sensitivity analyses: A more conservative approach was executed due to differential attrition rates in the two groups. When baseline values (that were, by design, high and indicative of poor clinical control) were carried forward for missing follow-up time points, the time-by-group interaction effect decreased in magnitude, which in turn, diminished statistical significance (e.g., HbA1c, $p=.099$). However, it is important to note that under real world conditions, it is unlikely that the drop-outs' clinical indicators would have remained perfectly consistent over time. More realistically, these values would have *decreased* due to initiation of pharmacotherapy (in response to out-of-range lab results, as part of routine clinical care; and/or in response to the Dulce Digital program for those who received the intervention) or *increased* due to the progressive nature of the disease. Further, in Worst-Case analysis, uniform level-1 time variable of 3.0 months and 6.0 months were used to represent the follow-up timepoints for all participants with missing data; however, in actuality, participants rarely completed their follow-ups on the exact 3 and 6 month marks. As such, the intent-to-treat approach was maintained as the primary analysis in this manuscript.