Supplementary Table S3. Pharmacokinetics scores of the included articles in the study.

		Impacts of Pharmacokinetic Gene Polymorphisms on Steady-State Plasma Concentrations of Simvastatin in Thai Population	Effect of genetic polymorphism of rosuvastatin transporter gene rs2231137 on its clinical efficacy and safety.	*SLCO1B1* Genetic Variation Influence on Atorvastatin Systemic Exposure in Pediatric Hypercholesterolemia	*SLCO1B1* polymorphism markedly affects the pharmacokinetics of lovastatin acid	Clinical and pharmacogenetic predictors of circulating atorvastatin and rosuvastatin concentrations in routine clinical care	*ABCG2* polymorphism markedly affects the pharmacokinetics of atorvastatin and rosuvastatin	The effect of *SLCO1B1* polymorphism on the pharmacokinetics of atorvastatin and 2-hydroxyatorvastatin in healthy Chinese people	Food Effect on Rosuvastatin Disposition and Low-Density Lipoprotein Cholesterol	A Genome-wide Association Study of Circulating Levels of Atorvastatin and Its Major Metabolites	Assessment of Transporter Polymorphisms as a Factor in a BCRP Drug Interaction Study With Lanabecestat	Safety and pharmacokinetics of the CIME combination of drugs and their metabolites after a single oral dosing in healthy volunteers	*SLCO1B1* Phenotype and *CYP3A5* Polymorphism Significantly Affect Atorvastatin Bioavailability
Title/abstract	The title identifies the drug(s) and patient population(s) studied.	1	0	1	0	1	0	1	0	0	0	1	0
	The abstract minimally includes the name of the drug(s) studied, the population in whom it was studied, and the results of the primary objective and major clinical pharmacokinetic findings. Background	1	1	1	1	1	1	1	1	1	1	1	1
	Pharmacokinetic data (i.e., absorption, distribution, metabolism, excretion) that [are] known and relevant to the drugs being studied [are] described.	0	0	0	0	0	0	0	0	0	1	0	0
	An explanation of the study rationale is provided.	1	1	1	1	1	1	1	1	1	1	1	1
	Specific objectives or hypotheses [are] provided.	1	1	1	1	1	1	1	1	1	1	1	1
Methods	Eligibility criteria of study participants are described.	1	1	1	1	1	1	1	1	1	1	1	1
	Co-administration (or lack thereof) of study drug(s) with other potentially interacting drugs or food within this study is described.	1	1	1	1	0	1	1	1	1	1	1	1
	The study reports the methods or formulas used to calculate pharmacokinetic parameters such as AUC or other derived PK metrics or provides an appropriate reference for them (if applicable).	NA	NA	1	1	NA	1	0	0	0	0	0	1
	Body fluid or tissue sampling (timing, frequency, and storage) for quantitative drug measurement is described.	1	1	1	1	1	1	1	1	1	1	1	1
	Validation of quantitative bioanalytical methods used in the study [is] referenced or described if applicable.	1	1	1	1	1	1	1	1	1	1	1	1
	The study identifies clinically relevant covariates (e.g., age, gender, ethnicity, health status or severity of illness, other genes or pertinent co-morbidities) and considers their potential role as confounders in the pharmacogenetic analyses.	0,5	1	0,5	0	1	1	0	0	1	0	0	1

	Statistical methods including software used are described.	1	1	1	1	1	1	1	1	1	0	1	1
Results	Study withdrawals or subjects lost to follow-up (or lack thereof) are reported.	0	0	1	0	1	0	0	0	1	1	0	0
	Quantification of missing or excluded data is provided if applicable.	0	0	0	0	1	0	0	0	1	0	1	0
	All relevant variables that may explain inter- and intra-patient pharmacokinetic variability (including age, sex, ethnicity, health status or severity of illness, and pertinent co-morbidities) are provided with appropriate measures of variance.	1	1	1	1	1	0,5	1	1	1	1	1	1
	Results of pharmacokinetic analyses are reported with appropriate measures of precision (such as range or 95% confidence intervals).	1	1	1	1	1	1	1	1	1	1	1	1
	Study limitations describing potential sources of bias and imprecision where relevant should be described.	1	1	1	1	1	1	1	1	1	1	1	1
	The relevance of study findings (applicability, external validity) is described. Other information	1	1	1	1	1	1	1	1	1	1	1	1
	Funding sources and conflicts of interest for the authors are disclosed	0	1	1	1	1	1	1	1	1	1	1	1
	Total compliance rate of each study (%)	75,0	77,8	86,8	73,7	88,9	76,3	73,7	68,4	84,2	73,7	78,9	78,9

Footnotes. NA (not applicable) refers to items not possible to applicate and excluded from the denominator. Each item was scored with 1 point when the corresponding information was clearly reported or 0 points when the criterion was not met or insufficiently described. A partial score of 0.5 was assigned when the criterion was only partially met.

This checklist was modified from Kanji *et al.* 2015. The following items were excluded because they were specifically designed for conventional clinical pharmacokinetic or bioavailability studies and were not applicable to the pharmacogenetic pharmacokinetic studies included in this review:

Item 8: Drug preparation and administration characteristics including dose, route, formulation, infusion duration (if applicable) and frequency are described."

Item 11: Pharmacokinetic modeling methods and software used are described, including assumptions made regarding the number of compartments and order of kinetics (zero, first or mixed order).

Item 14: Specific body weight used in drug dosing and pharmacokinetic calculations are reported (i.e., ideal body weight vs. actual body weight vs. adjusted body weight)

Item 20: Studies in patients receiving extracorporeal drug removal (i. e. dialysis) should report the mode of drug removal, type of filters used, duration of therapy and relevant flow rates.

Item 21: In studies of drug bioavailability comparing two formulations of the same drug. F (bioavallability), AUC, Cmax (maximal concentration) and Tmax (time to maximal concentration) should be reported

Additionally, the following item "The study reports the methods or formulas used to calculate pharmacokinetic parameters such as AUC or other derived PK metrics or provides an appropriate reference for them (if applicable)" was modified from the original item 13 "Formulas for calculated variables (such as creatinine clearance, surface area, AUC , and adjusted weight) are provided or referenced"; and the item "The study identifies clinically relevant covariates (e.g., age, gender, ethnicity, health status or severity of illness, other genes or pertinent co-morbidities) and considers their potential role as confounders in the pharmacogenetic analyses" was modified form the original item 12 "For population pharmacokinetic studies, covariates incorporated into pharmacokinetic models are identified and described".