Author	n	Age (yr, range)	LPV dose (median, mg/m^2)	AUC_{0-12} (mg.h/L)	C_{max} (mg/L)	C_{12} (mg/L)	NNRTI use	For-mulation[1]	PK modeling method
Current study[2]	53	4.4-17.7	270	106.9	12.0	4.9	no	ped tb	non-compartmental
Best 2011[3] [8]	12	10-16	275	144	11.3	6.8	no	tb	non-compartmental
Foissac 2011[4] [9]	45	0.5-19	266	116	-	8.5	part	SGC, sol, (ped) tb	population
Jullien 2006[4] [10]	157	0-18	281	108	9.6	7.9	part	SGC, sol	population
Klinklom 2012[3] [11]	23	IQR: 12-15	208	86.7	10.5	3	no	tb	non-compartmental
	24	IQR: 12-15	290	102.7	11.4	4.1	no	tb	non-compartmental
Puthanakit 2009[3] [12]	11	IQR: 6.7-11.8	194	83.8	10.1	3.4	no	sol	non-compartmental
	11	IQR: 8.4-14.7	279	117.6	11.9	4.9	no	sol	non-compartmental
Rakhmanina 2009[3] [13]	50	5.3-17.5	275	96.1	10.3	5.9	un-known	SGC, sol	population
Rakhmanina 2011[3] [14]	50	4.3-17.2	275	96.9	-	-	part	SGC, sol, tb	non-compartmental
Rosso 2006[3] [15]	21	3.5-13.5	230	-	14.6	7.9	no	SGC, sol	-
Saez Lloren 2003[4,5] [7]	12		230	72.6	8.2	3.4	no	sol	non-compartmental
	15		300	116.4	12.5	6.5	no	sol	non-compartmental

Table, Supplemental Digital Content 2. Pharmacokinetic studies of twice daily lopinavir in HIV-infected children

[1] tb=tablet 200/50 mg lopinavir/ritonavir, ped tb= pediatric tablet: 100/25 mg lopinavir/ritonavir, SGC=soft gel capsule, sol=solution.
[2] geometric mean pharmacokinetic parameters are shown
[3] median pharmacokinetic parameters are shown
[4] mean pharmacokinetic parameters are shown
[5] Study also with non-nucleoside reverse transcriptase inhibitors (NNRTI) (efavirenz or nevirapine), data shown are from the children using no NNRTI