INSTI Major Mutations: G1405 • Q148H INSTI Accessory Mutations: None

IN Other Mutations: \$17N • I72V • L101I • K156N • V201I • D207DG • I208L

Integrase Strand Transfer Inhibitors

bictegravir (BIC) Intermediate Resistance
cabotegravir (CAB) High-Level Resistance
dolutegravir (DTG) Intermediate Resistance
elvitegravir (EVG) High-Level Resistance
raltegravir (RAL) High-Level Resistance

IN comments

Major

- G1405/A/C are non-polymorphic mutations that usually occur with Q148 mutations. Alone, they have minimal effects on INSTI susceptibility. However, in combination with Q148 mutations they are associated with high-level resistance to RAL and EVG and intermediate reductions in DTG and BIC susceptibility.
- Q148H/K/R are nonpolymorphic mutations reported in persons receiving RAL, EVG, CAB, and DTG. They nearly always occur in combination with G140A/S or E138K. In this setting they are associated with near complete resistance to RAL and EVG, high-levels of reduction in CAB susceptibility, and low-to-intermediate reductions in DTG and BIC susceptibility.
- There is evidence for intermediate DTG resistance. If DTG is used, it should be administered twice daily.

Mutation scoring: IN

Drug resistance mutation scores of INSTI:

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Rule	BIC ÷	CAB ≑	DTG ÷	EVG ≑	RAL:
G140S	10	10	10	30	30
G1405+Q148H	10	20	10	0	0
<u>Q148H</u>	25	30	25	60	60
Total	45	60	45	90	90

HIVDB 9.5.1 (2023-11-05)