Drug resistance interpretation: PR

HIVDB 9.5.1 (2023-11-05)

PI Major Mutations: None
PI Accessory Mutations: None
PR Other Mutations: L10V • I13V • G16E • L33V • N37NT • R41K • R57K • L63T • I64V • E65D

Protease Inhibitors	
atazanavir/r (ATV/r)	Susceptible
darunavir/r (DRV/r)	Susceptible
lopinavir/r (LPV/r)	Susceptible

PR comments

Other

- **L10I/V** are polymorphic, PI-selected accessory mutations that increase the replication of viruses with other PI-resistance mutations.
- **L33I/V** are minimally polymorphic mutations that do not appear to be selected by PIs or to reduce their susceptibility.

Mutation scoring: PR

HIVDB 9.5.1 (2023-11-05)

No drug resistance mutations were found for PI.

Drug resistance interpretation: RT

HIVDB 9.5.1 (2023-11-05)

NRTI Mutations: K65R • S68N • Y115F • M184V
NNRTI Mutations: K103N • Y181C • G190A
RT Other Mutations: V35T • T39A • K46Q • K49R • V60I • K101Q • D123E • I135T • I142V • D177E • T200E • Q207KR • R211K • V245EK • D250EG • S251N • I257L • A272P • V276I • L279I • L282C • T286A • V292I • I293V • E297DS

Nucleoside Reverse Transcriptase Inhibitors	
abacavir (ABC)	High-Level Resistance
zidovudine (AZT)	Susceptible
emtricitabine (FTC)	High-Level Resistance
lamivudine (3TC)	High-Level Resistance
tenofovir (TDF)	High-Level Resistance

Non-nucleoside Reverse Transcriptase Inhibitors	
doravirine (DOR)	Low-Level Resistance
efavirenz (EFV)	High-Level Resistance
etravirine (ETR)	Intermediate Resistance
nevirapine (NVP)	High-Level Resistance
rilpivirine (RPV)	High-Level Resistance

RT comments

NRTI

- **K65R** confers intermediate reductions in susceptibility to TDF, ABC, and 3TC/FTC. It increases AZT susceptibility. In NRTI-experienced, INSTI-naive patients with **K65R**, TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG, there is a risk of emergent DTG resistance that does not arise in NRTI-naive patients receiving TDF+3TC+DTG.
- **Y115F** causes intermediate resistance to ABC and low-level resistance to TDF.
- **M184V/I** cause high-level in vitro resistance to 3TC and FTC and low/intermediate resistance to ABC (3-fold reduced susceptibility). **M184V/I** are not contraindications to continued treatment with 3TC or FTC because they increase susceptibility to AZT and TDF and are associated with clinically significant reductions in HIV-1 replication.

NNRTI

- **K103N** is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.
- **Y181C** is a non-polymorphic mutation selected in persons receiving NVP, ETR and RPV. It confers high-level resistance to NVP, intermediate resistance to ETR and RPV, and low-level resistance to EFV. It does not significantly reduce DOR susceptibility.
- **G190A** is a non-polymorphic mutation that causes high-level resistance to NVP and intermediate resistance to EFV. It does not significantly reduce susceptibility to RPV, ETR, or DOR.

Other

- **K101Q** is a relatively non-polymorphic mutation that is weakly selected in persons receiving NVP and EFV. It is of uncertain phenotypic and clinical significance.

Mutation scoring: RT

HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of NRTI: Download CSV

Rule	ABC	AZT	FTC	3TC	TDF
K65R	45	-10	30	30	50
Y115F	30	0	0	0	15
Y115F + M184V	15	0	0	0	5
M184V	15	-10	60	60	-10
K65R + S68N	0	0	0	0	5
Total	105	-20	90	90	65

Drug resistance mutation scores of NNRTI: Download CSV

Rule	DOR	EFV	ETR	NVP	RPV
K103N + Y181C	5	0	0	0	0
Y181C	10	30	30	60	45
Y181C + G190A	10	0	10	0	10
K103N	0	60	0	60	0
G190A	0	45	10	60	15
Total	25	135	50	180	70