Drug resistance interpretation: PR

HIVDB 9.5.1 (2023-11-05)

PI Major Mutations: None
PI Accessory Mutations: None
PR Other Mutations: L10LV • G16GE • E35D • M36I • R41K • R57K • H69K • L89M

Protease Inhibitors	
atazanavir/r (ATV/r)	Susceptible
darunavir/r (DRV/r)	Susceptible
fosamprenavir/r (FPV/r)	Susceptible
indinavir/r (IDV/r)	Susceptible
lopinavir/r (LPV/r)	Susceptible
nelfinavir (NFV)	Susceptible
saquinavir/r (SQV/r)	Susceptible
tipranavir/r (TPV/r)	Susceptible

PR comments

Other

- **L10I/V** are polymorphic, PI-selected accessory mutations that increase the replication of viruses with other PI-resistance mutations.

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: M184MV
NNRTI Mutations: K103N • V108VI
RT Other Mutations: I5V • K20R • V35T • I50V • V60I • W88C • D121H • K122E • K173A • Q174K • D177E • V179S • V189VI • T200TA • I202V • Q207A • V245Q • D250DE

Nucleoside Reverse Transcriptase Inhibitors	
abacavir (ABC)	Low-Level Resistance
zidovudine (AZT)	Susceptible
stavudine (D4T)	Susceptible
didanosine (DDI)	Potential Low-Level Resistance
emtricitabine (FTC)	High-Level Resistance
lamivudine (3TC)	High-Level Resistance
tenofovir (TDF)	Susceptible

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

RT comments

NRTI

- **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.
- **V108I** is a relatively non-polymorphic accessory mutation selected in vitro and/or in vivo with each of the NNRTIs. It appears to contribute to reduced susceptibility to most NNRTIs only in combination with other NNRTI-resistance mutations.

Other

- V179D/E are somewhat polymorphic accessory NNRTI-selected mutation. In combination with other NNRTI DRMs, they appear to contribute low-levels of reduced susceptibility to each of the NNRTIs. In particular, the combinations of K103R/V179D and V106I/V179D act synergistically to reduce NVP and EFV susceptibility. V179F is a non-polymorphic mutation selected in combination with Y181C in persons receiving ETR. Alone it has little effect on NNRTI susceptibility, however in combination with Y181C it is associated with high-level reductions in ETR and RPV susceptibility. V179T is a rare non-polymorphic mutation occasionally selected in persons receiving NNRTIs. It is associated with minimal, if any, reduction in ETR and RPV susceptibility. V179L is a rare non-polymorphic mutation listed as a RPV-associated resistance mutation by the FDA package insert. Its effects on NNRTI susceptibility have not been well studied. **V179S** is an unusual mutation at this position.

Mutation scoring: RT

HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of NRTI: Download CSV

Rule	ABC	AZT	D4T	DDI	FTC	3TC	TDF
M184MV	15	-10	-10	10	60	60	-10

Drug resistance mutation scores of NNRTI: Download CSV

Rule	DOR	EFV	ETR	NVP	RPV
V108VI	10	10	0	15	0
K103N	0	60	0	60	0
Total	10	70	0	75	0

Drug resistance interpretation: IN — HIVDB 9.5.1 (2023-11-05)

INSTI Major Mutations: None
INSTI Accessory Mutations: None
IN Other Mutations: D3DE • K14R • A21T • V32VI • I72IV • E92EA • L101I • T112V • I113V • T124A • T125A • G134N • K136Q • M154MI • D167E • V201I • T218I • Q221QKR • L234I • R269RK • C280C* • S283G • D288DG

Integrase Strand Transfer Inhibitors	
bictegravir (BIC)	Susceptible
cabotegravir (CAB)	Susceptible
dolutegravir (DTG)	Susceptible
elvitegravir (EVG)	Susceptible
raltegravir (RAL)	Susceptible

IN comments

Other

- E92Q is a common non-polymorphic mutation selected in persons receiving RAL and EVG. It reduces RAL susceptibility 5 to 10-fold and EVG susceptibility ~30-fold. It does not reduce susceptibility to BIC, CAB, and DTG. E92G/V are rare nonpolymorphic mutations that reduce EVG susceptibility >=10-fold but do not appear to reduce susceptibility to other INSTIs. **E92A** is an unusual mutation at this position.

Mutation scoring: IN — HIVDB 9.5.1 (2023-11-05)

No drug resistance mutations were found for INSTI.