

PatientID: HIVDR-1775-23

Sebuttemba 27, 2023

### Color Code

■ HR: High-Level Resistance    ■ PLR: Potential Low-Level Resistance  
■ LR: Low-Level Resistance    ■ IR: Intermediate Resistance  
■ S: Susceptible

DRUG.CLASS	DRUG	RESISTANCE.PROFILE	DRMS.above.20.percent.prevalence
PI	ATV	S	
	DRV	S	
	FPV	S	
	IDV	S	
	LPV	S	
	NFV	S	
	SQV	S	
	TPV	S	
NRTI	ABC	IR	D67N;M184V;T215Y;K219E
	AZT	HR	
	D4T	HR	
	DDI	IR	
	FTC	HR	
	LMV	HR	
	TDF	LR	
NNRTI	DOR	HR	Y188L
	EFV	HR	
	ETR	PLR	
	NVP	HR	
	RPV	HR	
INSTI	BIC	IR	R263K
	CAB	IR	
	DTG	IR	
	EVG	IR	
	RAL	LR	

## Appendix

### Drug abbreviations in full

DRUG.CLASS	ABBREVIATION	DRUG.NAME
<b>PI</b>	ATV	Atazanavir
	DRV	Darunavir
	FPV	Fosamprenavir
	IDV	Indinavir
	LPV	Lopinavir
	NFV	Nelfinavir
	SQV	Saquinavir
	TPV	Tipranavir
<b>NRTI</b>	ABC	Abacavir
	AZT	Azidothymidine
	DFT	Stavudine
	DDI	Didanosine
	FTC	Emtricitabine
	LMV	Lamivudine
	TDF	Tenofovir
<b>NNRTI</b>	DOR	Doravirine
	EFV	Efavirenz
	ETR	Etravirine
	NVP	Nevirapine
	RPV	Rilpivirine
<b>INSTI</b>	BIC	Bictegravir
	CAB	Cabotegravir
	DTG	Dolutegravir
	EVG	Elvitegravir
	RAL	Raltegravir

### Comments

DRUG.CLASS	COMMENTS
<b>PI</b>	
<b>NRTI</b>	D67N is a non-polymorphic TAM associated with low-level resistance to AZT.
	K219E/Q/N/R are accessory TAMS that usually occur in combination with multiple other TAMS.
	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.
	T215Y/F are TAMs that causes intermediate/high-level resistance to AZT and potentially low-level resistance to ABC and TDF.
<b>NNRTI</b>	Y188L is a non-polymorphic mutation that confers high-level resistance to NVP, EFV, RPV, and DOR, and potentially low-level resistance to ETR.
<b>INSTI</b>	R263K is a nonpolymorphic mutation selected in vitro by EVG, DTG, BIC, and CAB. It occurs in a high proportion of persons who develop VF and emergent HIVDR while receiving DTG. Alone, it reduces DTG, BIC, and CAB susceptibility about 2-fold.