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

PI Major Mutations: None

PI Accessory Mutations: None

PR Other Mutations: T125 --- 115V --- 1

Protease Inhibitors

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

Mutation scoring: PR

No drug resistance mutations were found for PI.

Drug resistance interpretation: RT HNDB 9.5.1 (2023-11-05)

HIVDB 9.5.1 (2023-11-05)

NRTI Mutations: K65R um K65R um 568N um M184V um

NNRTI Mutations: K103N == V106M ===

RT Other Mutations: P4T - V35T - E36A - T39D - K101R - K122E - D123S - E135T - K173T - Q174K - D177E - T200A - Q207E - R211K - V245Q - E248D - E248D

Nucleoside Reverse Transcriptase Inhibitors

abacavir (ABC) High-Level Resistance zidovudine (AZT) Susceptible stavudine (D4T) Intermediate Resistance didanosine (DDI) High-Level Resistance emtricitabine (FTC) High-Level Resistance lamivudine (3TC) High-Level Resistance tenofovir (TDF) Intermediate Resistance

Non-nucleoside Reverse Transcriptase Inhibitors

doravirine (DOR)

Intermediate Resistance
efavirenz (EFV)

etravirine (ETR)

nevirapine (NVP)

rilpivirine (RPV)

Intermediate Resistance

High-Level Resistance

Susceptible

Susceptible

RT comments

NRTI

- A62V is an accessory mutation that often occurs in combination with the multi-NRTI resistance mutations K65R or Q151M. A62V is widespread in subtype A viruses in former Soviet Union countries but A62 is otherwise non-polymorphic.
- K65R confers intermediate reductions in susceptibility to TDF, ABC, and 3TC/FTC. It increases AZT susceptibility. In NRTI-experienced, INSTI-naive patients receiving TDF+3TC+DTG. However, in patients receiving TDF+3TC+DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG.
- 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.
- V106M is a non-polymorphic mutation that confers high-level resistance to NVP and EFV. It is selected in vitro and in vivo by DOR and preliminary data suggests it reduces DOR susceptibility about 3-fold.

Mutation scoring: RT HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of NRTI:

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Rule	ABC ‡	AZT ≑	D4T ≑	DDI 🗦	FTC ÷	зтс ≑	TDF :
<u>A62V</u>	5	5	5	5	0	0	5
K65R	45	-10	60	60	30	30	50
M184V	15	-10	-10	10	60	60	-10
A62V + K65R	0	0	0	0	0	0	5
K65R + S68N	0	0	0	0	0	0	5
Total	65	-15	55	75	90	90	55

ug resista	nce mutation	Download CSV			
Rule	DOR ÷	EFV ÷	ETR ÷	NVP ≑	RPV ≑
V106M	30	60	0	60	0
K103N	0	60	0	60	0
Total	30	120	0	120	0

INSTI Major Mutations: INSTI Accessory Mutations: IN Other Mutations:	None None DEE ==== * V311 === * V311 == * V311 === * V311 == * V311 =
Integrase Strand Transfer Inhil	bitors
bictegravir (BIC)	Susceptible
cabotegravir (CAB)	Susceptible
dolutegravir (DTG)	Susceptible

HIVDB 9.5.1 (2023-11-05)

elvitegravir (EVG) raltegravir (RAL) Susceptible Susceptible

Drug resistance interpretation: IN

No drug resistance mutations were found for INSTI.

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