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

PI Major Mutations:

None

PI Accessory Mutations:

None

PR Other Mutations:

113V 88% - G16E 94% - K20I 88% - E35N 80% - M36I 88% - R41K 82% - I64IM 177%, M:22% - H69K 95% - V77I 92% - L89M 97% 000-91.543

## Protease Inhibitors

 atazanavir/r (ATV/r)
 Susceptible

 darunavir/r (DRV/r)
 Susceptible

 lopinavir/r (LPV/r)
 Susceptible

### PR comments

# Other

• K20I is the consensus amino acid in subtype G and CRF02\_AG. In subtypes B and C, K20I is a PI-selected mutation of uncertain effects on currently used PIs.

# Mutation scoring: PR

No drug resistance mutations were found for PI.

Drug resistance interpretation: RT

HIVDB 9.5.1 (2023-11-05)

HIVDB 9.5.1 (2023-11-05)

NRTI Mutations: K65R 93% • S68SGN 5:55%, G: 30%, N: 10% • L74LI E 77%, L: 20% • M184V 97% con-13.040

NNRTI Mutations: L1001 92% - K103N 95%

cov=10,463 cov=10,5

RT Other Mutations: V35T size - E36D size - T39K size - K49R size - V60I size - K12E size - V144F size - V179I size - V179

V292I 94% I293V 98% E297A 92% K311R 86%

## Nucleoside Reverse Transcriptase Inhibitors

# Non-nucleoside Reverse Transcriptase Inhibitors

High-Level Resistance doravirine (DOR) Intermediate Resistance abacavir (ABC) efavirenz (EFV) Susceptible High-Level Resistance zidovudine (AZT) etravirine (ETR) Intermediate Resistance emtricitabine (FTC) High-Level Resistance lamivudine (3TC) High-Level Resistance nevirapine (NVP) High-Level Resistance tenofovir (TDF) Intermediate 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. 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.
- \$686 is a polymorphic mutation that is often selected in combination with K65R. It partially restores the replication defect associated with K65R.
- L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance.
- M184V/I cause high-level in vitro resistance to ATC 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

- L100I is a non-polymorphic mutation that usually occurs in combination with K103N. In this setting it confers high-level resistance to NVP, EFV, and RPV and intermediate resistance to ETR and DOR.
- K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.

## Other

• V179I is a polymorphic mutation that is frequently selected in persons receiving ETR and RPV. However, it has little, if any, direct effect on NNRTI susceptibility.

# Drug resistance mutation scores of NPTI-

Drug resistance mutation scores of NRTI: Download CSV								
Rule	ABC \$	AZT \$	FTC \$	3ТС ≑	TDF \$			
<u>K65R</u>	45	-10	30	30	50			
L74LI	15	0	0	0	5			
M184V	15	-10	60	60	-10			
K65R + S68SGN	0	0	0	0	5			
Total	75	-20	90	90	50			

Drug resistance mutation scores of NNRTI:



	Rule	DOR =	EFV \$	ETR ÷	NVP ≎	RPV =
ľ	L100I	15	60	30	60	60
	L100I + K103N	15	0	0	0	0
	K103N	0	60	0	60	0
	Total	30	120	30	120	60