

Drug resistance interpretation: PR

HIVDB 9.5.1 (2023-11-05)

PI Major Mutations:	None
PI Accessory Mutations:	None
PR Other Mutations:	V11H • T12Y • I13R • K14Q • I15E • G16T • Q18D • L19D • K20S • E21Q • A22I • L23S • L24D • D25P • T26S • G27K • A28D • D29F • D30* • T31P • E35D • M36I • R41K • K45R • R57K • Q61E • L63P • E65L • C67Y • H69L • K70R • V77L • V82I • N83S • 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

- L24I is a non-polymorphic mutation selected by IDV and LPV. It contributes reduced susceptibility to ATV and LPV. L24F/M are uncommon non-polymorphic PI-selected mutations. L24F has a susceptibility profile similar to L24I. **L24D** is a highly unusual mutation at this position.
- V82I** is a highly polymorphic mutation that is not selected by PIs. It is the consensus amino acid in subtype G viruses.

Mutation scoring: PR	HIVDB 9.5.1 (2023-11-05)
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No drug resistance mutations were found for PI.

Drug resistance interpretation: RT	HIVDB 9.5.1 (2023-11-05)
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NRTI Mutations:	K65R • Y115F
NNRTI Mutations:	K103N • Y181C • P225H
RT Other Mutations:	K11T • K20R • V33T • T39A • K46Q • P55S • R78T • K101T • K122E • D123S • S134R • K173S • D177E • Q197K • T200E • E203Y • Q207A • L228S • W229L • M230D • E233V • L234X • W239* • P243L • V245Q • D256E • V261L • W266C

Nucleoside Reverse Transcriptase Inhibitors		Non-nucleoside Reverse Transcriptase Inhibitors	
abacavir (ABC)	High-Level Resistance	doravirine (DOR)	Intermediate Resistance
zidovudine (AZT)	Susceptible	efavirenz (EFV)	High-Level Resistance
stavudine (D4T)	High-Level Resistance	etravirine (ETR)	Intermediate Resistance
didanosine (DDI)	High-Level Resistance	nevirapine (NVP)	High-Level Resistance
emtricitabine (FTC)	Intermediate Resistance	rilpivirine (RPV)	Intermediate Resistance
lamivudine (3TC)	Intermediate Resistance		
tenofovir (TDF)	High-Level Resistance		

RT comments	
NRTI	
<ul style="list-style-type: none"><li><b>K65R</b> confers intermediate reductions in susceptibility to TDF, ABC, and 3TC/FTC. It increases AZT susceptibility. In NRTI-experienced, INSTI-naïve patients with <b>K65R</b>, 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-naïve patients receiving TDF+3TC+DTG.</li><li><b>Y115F</b> causes intermediate resistance to ABC and low-level resistance to TDF.</li></ul>	
NNRTI	
<ul style="list-style-type: none"><li><b>K103N</b> is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.</li><li><b>Y181C</b> 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.</li><li><b>P225H</b> is a non-polymorphic EFV-selected mutation that usually occurs in combination with K103N. The combination of <b>P225H</b> and K103N synergistically reduces NVP, EFV and DOR susceptibility.</li></ul>	
Other	
<ul style="list-style-type: none"><li><b>K101N/A/T</b> are uncommon non-polymorphic NNRTI-selected mutation of uncertain phenotypic and clinical significance.</li><li>M230L is an uncommon non-polymorphic mutation selected in persons receiving EFV, NVP, and RPV. It causes intermediate to high-level resistance to each of the NNRTIs. M230I is a rare mutation selected by RPV. Its effects on NNRTI susceptibility have not been well studied. It also often occurs as a result of APOBEC-mediated G-to-A hypermutation resulting in viruses that are likely to be noninfectious. <b>M230D</b> is a highly unusual mutation at this position.</li></ul>	
<ul style="list-style-type: none"><li>This virus is predicted to have intermediate-level reduced susceptibility to <b>RPV</b>. The use of the combination of CAB/<b>RPV</b> should be considered to be contraindicated.</li></ul>	

Drug resistance mutation scores of NRTI: [Download CSV](#)

Rule	ABC ⚡	AZT ⚡	D4T ⚡	DDI ⚡	FTC ⚡	3TC ⚡	TDF ⚡
<u>K63R</u>	45	-10	60	60	30	30	30
<u>Y115F</u>	30	0	0	0	0	0	15
Total	75	-10	60	60	30	30	65

Drug resistance mutation scores of NNRTI: [Download CSV](#)

Rule	DOR ⚡	EFV ⚡	ETR ⚡	MVP ⚡	RPV ⚡
<u>K103N + Y181C</u>	5	0	0	0	0
<u>K103N + P225H</u>	10	0	0	0	0
<u>Y181C</u>	10	30	30	60	45
<u>P225H</u>	20	45	0	45	0
<u>K103N</u>	0	60	0	60	0
Total	45	135	30	165	45