Drug resistance interpretation: PR

HIVDB 9.5.1 (2023-11-05)

PI Major Mutations: None
PI Accessory Mutations: None
PR Other Mutations: L10I • I13V • G16E • M36I • P39Q • R41K • I62IV • L63A

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: D67N • M184V • T215Y • K219E
NNRTI Mutations: Y188L
RT Other Mutations: I2V • V35T • T39A • V60I • I94L • D121H • K122E • I135T • I142IV • D177E • V179VI • T200A • Q207E • R211K • V245Q • D250E • A554N

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

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

RT comments

NRTI

- **D67N** is a non-polymorphic TAM associated with low-level resistance to AZT.
- **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.
- **K219E/Q/N/R** are accessory TAMS that usually occur in combination with multiple other TAMs.

NNRTI

- **Y188L** is a non-polymorphic mutation that confers high-level resistance to NVP, EFV, RPV, and DOR, and potentially low-level resistance to ETR.

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.

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
D67N	5	15	15	5	0	0	5
D67N + T215Y + K219E	5	5	5	5	0	0	5
M184V	15	-10	-10	10	60	60	-10
T215Y	10	60	40	15	0	0	10
K219E	5	10	10	5	0	0	5
Total	40	80	60	40	60	60	15

Drug resistance mutation scores of NNRTI: Download CSV

Rule	DOR	EFV	ETR	NVP	RPV
Y188L	60	60	10	60	60

Drug resistance interpretation: IN

HIVDB 9.5.1 (2023-11-05)

INSTI Major Mutations: R263K

INSTI Accessory Mutations: None

IN Other Mutations: S17N • M50I • L101I • K111KR • T112IV • S119T • T124N • T125A • I135V • Q137L • V165I • V201I • T206S • D207E • L234I

Integrase Strand Transfer Inhibitors	
bictegravir (BIC)	Intermediate Resistance
cabotegravir (CAB)	Intermediate Resistance
dolutegravir (DTG)	Intermediate Resistance
elvitegravir (EVG)	Intermediate Resistance
raltegravir (RAL)	Low-Level Resistance

IN comments

Major

- **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.

Other

- **M50I** is a highly polymorphic mutation, which has a prevalence of 3% to 34% in INSTI-naïve persons depending on subtype. It has been selected in vitro by DTG and BIC in combination with R263K. It may contribute to reduced DTG and CAB susceptibility in combination with R263K.
- This virus is predicted to have intermediate-level reduced susceptibility to **CAB**. The use of the combination of **CAB**/RPV should be considered to be contraindicated.
- There is evidence for intermediate **DTG** resistance. If **DTG** is used, it should be administered twice daily.

Mutation scoring: IN

HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of INSTI: Download CSV

Rule	BIC	CAB	DTG	EVG	RAL
R263K	30	30	30	30	25