

Drug resistance interpretation: PR		HIVDB 9.5.1 (2023-11-05)
PI Major Mutations:	None	
PI Accessory Mutations:	None	
PR Other Mutations:	V11X • T12V • I13S • L19I • N37A • R41K • L63P • I64L	
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	
Mutation scoring: PR		HIVDB 9.5.1 (2023-11-05)

Drug resistance interpretation: RT		HIVDB 9.5.1 (2023-11-05)
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NRTI Mutations:	L74I • M184V
NNRTI Mutations:	K103N • P225H • F227C • M230L
RT Other Mutations:	K32N • V35T • T39K • I47L • V60I • Q85R • K122E • D123S • S162C • P170L • K173L • Q174K • D177E • I178L • T200A • Q207E • R211K • T216I • K223X • Δ243 • I244L • V245* • L246T • P247A • N255M • D256I • I257Y • Q258R • K259V • L260V

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

RT comments
NRTI
<ul style="list-style-type: none">L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance.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
<ul style="list-style-type: none">K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.P225H is a non-polymorphic EFV-selected mutation that usually occurs in combination with K103N. The combination of P225H and K103N synergistically reduces NVP, EFV and DOR susceptibility.F227C is a nonpolymorphic mutation selected in persons receiving DOR and rarely in persons receiving ETR and RPV. It usually occurs in combination with other DRMs and in this setting has consistently been associated with the highest possible levels of DOR resistance. It is also usually associated with intermediate or high-level reductions in susceptibility to NVP, EFV, ETR, and RPV.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.

Drug resistance mutation scores of NRTI:

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Rule	ABC ↕	AZT ↕	D4T ↕	DDI ↕	FTC ↕	3TC ↕	TDF ↕
<u>L74I</u>	15	0	0	60	0	0	5
<u>M184V</u>	15	-10	-10	10	60	60	-10
Total	30	-10	-10	70	60	60	-5

Drug resistance mutation scores of NNRTI:

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Rule	DOR ↕	EFV ↕	ETR ↕	NVP ↕	RPV ↕
<u>K103N + P225H</u>	10	0	0	0	0
<u>P225H</u>	20	45	0	45	0
<u>F227C</u>	60	45	30	45	45
<u>M230L</u>	60	45	30	60	60
<u>K103N</u>	0	60	0	60	0
Total	150	195	60	210	105