Drug resistance interpretation: RT

HIVDB 9.5.1 (2023-11-05)

NRTI Mutations: None
NNRTI Mutations: None
RT Other Mutations: A554K • V559I

Nucleoside Reverse Transcriptase Inhibitors	
abacavir (ABC)	Susceptible
zidovudine (AZT)	Susceptible
stavudine (D4T)	Susceptible
didanosine (DDI)	Susceptible
emtricitabine (FTC)	Susceptible
lamivudine (3TC)	Susceptible
tenofovir (TDF)	Susceptible

Non-nucleoside Reverse Transcriptase Inhibitors	
doravirine (DOR)	Susceptible
efavirenz (EFV)	Susceptible
etravirine (ETR)	Susceptible
nevirapine (NVP)	Susceptible
rilpivirine (RPV)	Susceptible

Mutation scoring: RT

HIVDB 9.5.1 (2023-11-05)

No drug resistance mutations were found for NRTI.

No drug resistance mutations were found for NNRTI.

Drug resistance interpretation: IN

HIVDB 9.5.1 (2023-11-05)

INSTI Major Mutations: R263RK
INSTI Accessory Mutations: None
IN Other Mutations: S17N • R20RK • M50L • I72V • T112IV • I113V • T124A • T125AV • A129AT • V165I • V201I • K219N • N222K • L234I • V281M • S283G

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.
- 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
R263RK	30	30	30	30	25