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

INSTI Major Mutations: G140G5 • Q148QH None

INSTI Accessory Mutations:

IN Other Mutations: \$17N • 172V • A98AT • L101I • K156KN • V201I • 1208L • D286DN

Integrase Strand Transfer Inhibitors

bictegravir (BIC) Intermediate Resistance cabotegravir (CAB) High-Level Resistance dolutegravir (DTG) Intermediate Resistance High-Level Resistance elvitegravir (EVG) raltegravir (RAL) High-Level Resistance

IN comments

- G1405/A/C are non-polymorphic mutations that usually occur with Q148 mutations. Alone, they have minimal effects on INSTI susceptibility. However, in combination with Q148 mutations they are associated with high-level resistance to RAL and EVG and intermediate reductions in DTG and BIC susceptibility.
- Q148H/K/R are nonpolymorphic mutations reported in persons receiving RAL, EVG, CAB, and DTG. They nearly always occur in combination with G140A/S or E138K. In this setting they are associated with near complete resistance to RAL and EVG, high-levels of reduction in CAB susceptibility, and low-to-intermediate reductions in DTG and BIC susceptibility.
- . There is evidence for intermediate DTG resistance. If DTG is used, it should be administered twice daily.

Mutation scoring: IN

Drug resistance mutation scores of INSTI:

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Rule	BIC ≑	CAB ≑	DTG ÷	EVG ≑	RAL
G140GS	10	10	10	30	30
G140G5+Q148QH	10	20	10	0	0
<u>01480H</u>	25	30	25	60	60
Total	45	60	45	90	90

HIVDB 9.5.1 (2023-11-05)