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

PI Major Mutations: None

PI Accessory Mutations: Nor

PR Other Mutations: L10X • V11L • T12Q • I13R • K14* • I15D • G16R • Q18K • E35D • M36I • R41K • R57K • I62V • L63P • I64L • H69K • L89M

Protease Inhibitors

Susceptible atazanavir/r (ATV/r) darunavir/r (DRV/r) Susceptible fosamprenavir/r (FPV/r) Susceptible Susceptible indinavir/r (IDV/r) Susceptible lopinavir/r (LPV/r) nelfinavir (NFV) Susceptible saquinavir/r (SQV/r) Susceptible tipranavir/r (TPV/r) Susceptible

PR comments

Other

V111/L are relatively non-polymorphic accessory mutation selected in persons receiving DRV. V11L is a nonpolymorphic PI-selected mutation associated with reduced in vitro DRV susceptibility when it occurs in combination 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: L74V • M184V
NNRTI Mutations: K103N • P225H

RT Other Mutations: V35I • V60I • D121Y • K122E • I135T • I142V • K173L • Q174K • V179I • Q207A • R211S • V245E • E248D • S268G • A272S

Nucleoside Reverse Transcriptase Inhibitors

Non-nucleoside Reverse Transcriptase Inhibitors

Intermediate Resistance abacavir (ABC) High-Level Resistance doravirine (DOR) Susceptible efavirenz (EFV) High-Level Resistance zidovudine (AZT) Susceptible stavudine (D4T) etravirine (ETR) Susceptible didanosine (DDI) High-Level Resistance nevirapine (NVP) High-Level Resistance High-Level Resistance emtricitabine (FTC) rilpivirine (RPV) Susceptible lamivudine (3TC) High-Level Resistance

RT comments

tenofovir (TDF)

NRTI

L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance.

Susceptible

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

- 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.

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.

Drug resistance mutation scores of NRTI:

| Rule | ABC \$ | AZT ≑ | D4T ÷ | DDI \$ | FTC ÷ | зтс ≑ | TDF : | |
|--------------|--------|-------|-------|--------|-------|-------|-------|--|
| <u>L74V</u> | 30 | 0 | 0 | 60 | 0 | 0 | 0 | |
| L74V + M184V | 15 | 0 | 0 | 0 | 0 | 0 | 0 | |
| M184V | 15 | -10 | -10 | 10 | 60 | 60 | -10 | |
| Total | 60 | -10 | -10 | 70 | 60 | 60 | -10 | |

Deve ancietames mutation access of NNDTI.



Download CSV

| Drug resistance mutation scores of NNKTI: Download CSV | | | | | | | | | |
|--|---------------|--------|--------|--------|--------|----|--|--|--|
| | Rule | DOR \$ | EFV \$ | ETR \$ | NVP \$ | RP | | | |
| | K103N + P225H | 10 | 0 | 0 | 0 | (| | | |
| | <u>P225H</u> | 20 | 45 | 0 | 45 | (| | | |
| | K103N | 0 | 60 | 0 | 60 | (| | | |
| | Total | 30 | 105 | 0 | 105 | (| | | |