

Drug resistance interpretation: PR

PI Major Mutations:

PI Accessory Mutations:

PR Other Mutations:

None

None

P9A • L10A • V11A • T12S • I13T • K14A • I13S • G16A • G17R • Q18S • L19I • M36I • R41K • K43R • R57K • D60E • I62V • L63A • I64V • I72V

Protease Inhibitors

atazanavir/r (ATV/r)

darunavir/r (DRV/r)

fosamprenavir/r (FPV/r)

indinavir/r (IDV/r)

lopinavir/r (LPV/r)

nelfinavir (NFV)

saquinavir/r (SQV/r)

tipranavir/r (TPV/r)

Susceptible

Susceptible

Susceptible

Susceptible

Susceptible

Susceptible

Susceptible

Susceptible

PR comments

Other

L10F is a common non-polymorphic, PI-selected accessory mutation associated with reduced in vitro susceptibility to LPV and DRV. L10I/V are polymorphic, PI-selected accessory mutations that increase the replication of viruses with other PI-resistance mutations. L10R/Y are rare, non-polymorphic PI-selected mutations. Their effects on PI susceptibility have not been well studied. L10A is a highly unusual mutation at this position.

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:

NNRTI Mutations:

RT Other Mutations:

K65R • S68N • M184V

K103N • G190A

V35T • K49R • V60I • K102N • D121Y • K122E • D123E • D177E • I178M • Q197E • T200R • K201R • E204K • Q207E • R211K • Y232L • E233* • L234A • V245H • L246Y • P247Q • E248K • D250E • N253H

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

RT comments

NRTI

K65R confers intermediate reductions in susceptibility to TDF, ABC, and 3TC/FTC. It increases AZT susceptibility. In NRTI-experienced, INSTI-naïve patients with K65R, TDF+3TC+DTG is usually highly effective and more effective than AZT/3TC/DTG. However, in patients receiving TDF+3TC+DTG, there is a risk of emergent DTG resistance that does not arise in NRTI-naïve patients receiving TDF+3TC+DTG.

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.

G190A is a non-polymorphic mutation that causes high-level resistance to NVP and intermediate resistance to EFV. It does not significantly reduce susceptibility to RPV, ETR, or DOR.

Other

L234I is a nonpolymorphic mutation selected in persons receiving NVP and EFV. It is also selected in vitro by ETR and DOR. In combination with V106A, it is associated with high-level DOR resistance. Its effect on susceptibility when it occurs alone has not been well characterized. L234A is a highly unusual mutation at this position.

This virus is predicted to have low-level reduced susceptibility to RPV. The use of the combination of CAB/RPV should be considered to be relatively contraindicated.

Mutation scoring: RT

HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of NRTI:

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Rule	ABC	AZT	D4T	DDI	FTC	3TC	TDF
K65R	45	-10	60	60	30	30	50
M184V	15	-10	-10	10	60	60	-10
K65R + S68N	0	0	0	0	0	0	5
Total	60	-20	50	70	90	90	45

Drug resistance mutation scores of NNRTI:

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Rule	DOR	EFV	ETR	NVP	RPV
K103N	0	60	0	60	0
G190A	0	45	10	60	15
Total	0	105	10	120	15