

PatientID: HDR56

Okitobba 06, 2023

### Color Code

■ HR: High-Level Resistance    ■ PLR: Potential Low-Level Resistance  
■ LR: Low-Level Resistance    ■ IR: Intermediate Resistance  
■ S: Susceptible

| DRUG.CLASS | DRUG | RESISTANCE.PROFILE | DRMS.above.20.percent.prevalence |
|------------|------|--------------------|----------------------------------|
| PI         | ATV  | S                  |                                  |
|            | DRV  | S                  |                                  |
|            | FPV  | S                  |                                  |
|            | IDV  | S                  |                                  |
|            | LPV  | S                  |                                  |
|            | NFV  | S                  |                                  |
|            | SQV  | S                  |                                  |
|            | TPV  | S                  |                                  |
| NRTI       | ABC  | LR                 | M184V;K219R                      |
|            | AZT  | S                  |                                  |
|            | D4T  | S                  |                                  |
|            | DDI  | LR                 |                                  |
|            | FTC  | HR                 |                                  |
|            | LMV  | HR                 |                                  |
|            | TDF  | S                  |                                  |
| NNRTI      | DOR  | HR                 | V108I;F227L;K103N                |
|            | EFV  | HR                 |                                  |
|            | ETR  | S                  |                                  |
|            | NVP  | HR                 |                                  |
|            | RPV  | S                  |                                  |
| INSTI      | BIC  | S                  |                                  |
|            | CAB  | S                  |                                  |
|            | DTG  | S                  |                                  |
|            | EVG  | S                  |                                  |
|            | RAL  | S                  |                                  |

## Appendix

### Drug abbreviations in full

| DRUG.CLASS   | ABBREVIATION | DRUG.NAME      |
|--------------|--------------|----------------|
| <b>PI</b>    | ATV          | Atazanavir     |
|              | DRV          | Darunavir      |
|              | FPV          | Fosamprenavir  |
|              | IDV          | Indinavir      |
|              | LPV          | Lopinavir      |
|              | NFV          | Nelfinavir     |
|              | SQV          | Saquinavir     |
|              | TPV          | Tipranavir     |
| <b>NRTI</b>  | ABC          | Abacavir       |
|              | AZT          | Azidothymidine |
|              | DFT          | Stavudine      |
|              | DDI          | Didanosine     |
|              | FTC          | Emtricitabine  |
|              | LMV          | Lamivudine     |
|              | TDF          | Tenofovir      |
| <b>NNRTI</b> | DOR          | Doravirine     |
|              | EFV          | Efavirenz      |
|              | ETR          | Etravirine     |
|              | NVP          | Nevirapine     |
|              | RPV          | Rilpivirine    |
| <b>INSTI</b> | BIC          | Bictegravir    |
|              | CAB          | Cabotegravir   |
|              | DTG          | Dolutegravir   |
|              | EVG          | Elvitegravir   |
|              | RAL          | Raltegravir    |

### Comments

| DRUG.CLASS   | COMMENTS   |
|--------------|--|
| <b>PI</b>    |  |
| <b>NRTI</b>  | K219E/Q/N/R are accessory TAMS that usually occur in combination with multiple other TAMS.   |
|              | 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.                         |
| <b>NNRTI</b> | F227L is a non-polymorphic mutation that usually occurs in combination with V106A. It is selected in vivo and in vitro with both NVP and DOR. In this context it is associated with high-level reductions in NVP and DOR susceptibility and intermediate reductions in EFV susceptibility. F227I/V are extremely rare mutations that have been selected in vitro by DOR. |
|              | K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.   |
|              | V108I is a relatively non-polymorphic accessory mutation selected in vitro and/or in vivo with each of the NNRTIs. It appears to contribute to reduced susceptibility to most NNRTIs only in combination with other NNRTI-resistance mutations.  |

|              |  |
|--------------|--|
| <b>INSTI</b> |  |
|--------------|--|