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

PI Major Mutations: M46I PM 150V PM 154V PM V82VA PM 154V

PI Accessory Mutations: None

### Protease Inhibitors

atazanavir/r (ATV/r) High-Level Resistance darunavir/r (DRV/r) Low-Level Resistance High-Level Resistance fosamprenavir/r (FPV/r) indinavir/r (IDV/r) High-Level Resistance lopinavir/r (LPV/r) High-Level Resistance nelfinavir (NFV) High-Level Resistance High-Level Resistance saquinavir/r (SQV/r) tipranavir/r (TPV/r) Low-Level Resistance

### PR comments

# Major

- M46I/L are relatively non-polymorphic PI-selected mutations. In combination with other PI-resistance mutations, they are associated with reduced susceptibility to each of the PIs except DRV.
- . ISOV is a nonpolymorphic mutation selected by FPV, LPV and DRV. It reduces susceptibility to LPV and DRV.
- IS4V is a non-polymorphic PI-selected mutation that contributes reduced susceptibility to each of the PIs except DRV.
- VB2A is a non-polymorphic mutation selected primarily by IDV and LPV. It is associated with reduced susceptibility to LPV and to a lesser extent ATV. It increases DRV susceptibility.

### Other

- . L10I/V are polymorphic, PI-selected accessory mutations that increase the replication of viruses with other PI-resistance mutations.
- K20R is a highly polymorphic PI-selected accessory mutation that increases replication fitness in viruses with PI-resistance mutations.
- A71V/T are polymorphic, PI-selected accessory mutations that increase the replication of viruses with other PI-resistance mutations.
- . There is evidence for low-level DRV resistance. If DRV is administered it should be used twice daily.

Drug resistance mutation scores of Pt:

Mutation scoring: PR

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Rule	ATV/r ≑	DRV/r =	FPV/r ÷	IDV/r≑	LPV/r ≑	NFV ≑	sqv/r ≑	TPV/r ≑
M46I	10	0	10	10	10	30	10	5
M461 + V82VA	10	0	10	10	10	10	10	0
154V	15	0	10	15	15	20	15	20
154V + V82VA	10	0	10	10	10	10	10	0
V82VA	15	0	15	30	30	30	15	0
1507	0	20	60	0	30	15	15	-5
Total	60	20	115	75	105	115	75	20

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

HIVDB 9.5.1 (2023-11-05)

NRTI Mutations: D67G ... S68G ... K70R ... M184V ... T215FY ... K219E ... K219E

NNRTI Mutations: K101E ... G190C ...

# Nucleoside Reverse Transcriptase Inhibitors

abacavir (ABC) High-Level Resistance
zidovudine (AZT) High-Level Resistance
stavudine (D4T) High-Level Resistance
didanosine (DDI) High-Level Resistance
emtricitabine (FTC) High-Level Resistance
lamivudine (3TC) High-Level Resistance
tenofovir (TDF) Intermediate Resistance

### Non-nucleoside Reverse Transcriptase Inhibitors

doravirine (DOR)
Low-Level Resistance
efavirenz (EFV)
High-Level Resistance
etravirine (ETR)
nevirapine (NVP)
High-Level Resistance
High-Level Resistance
rilpivirine (RPV)
Intermediate Resistance

### RT comments

### NRTI

- DGTN is a non-polymorphic TAM associated with low-level resistance to AZT. DGTG/E/S/T/H are non-polymorphic NRTI-selected mutations that generally occur in viruses with multiple TAMs.
- S68G is a polymorphic mutation that is often selected in combination with K65R. It partially restores the replication defect associated with K65R.
- . K70R is a TAM that confers intermediate resistance to AZT and contributes to reduced ABC and TDF susceptibility in combination with other TAMs.
- M184V/I cause high-level in vitro resistance to 3TC and Iow/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.

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- T215Y/F are TAMs that causes intermediate/high-level resistance to AZT and potentially low-level resistance to ABC and TDF.
- K219E/Q/N/R are accessory TAMS that usually occur in combination with multiple other TAMs.

### NNRTI

- K101E is a non-polymorphic accessory mutation that confers intermediate resistance to NVP and RPV and low-level reductions in susceptibility to EFV, ETR, and DOR when it occurs with other NNRTI-resistance mutations.
- G190C/T/V are rare non-polymorphic mutations that confer high-level resistance to NVP and EPV. Their effects on ETR, RPV, and DOR susceptibility are not known.

- V118I is a polymorphic accessory NRTI-resistance mutation that often occurs in combination with multiple TAMs.
- This virus is predicted to have intermediate-level reduced susceptibility to RPV. The use of the combination of CAB/RPV should be considered to be contraindicated.

Mutation scoring: RT

Drug resistance mutation scores of NRTI:

Rule	ABC ≑	AZT ≑	D4T ≑	DDI 🗦	FTC ≑	3TC ≑	TDF ‡
<u>D67G</u>	5	15	10	5	0	0	5
D67G + K70R + M184V + K219E	10	0	0	0	0	0	0
D67G + K70R + K219E	10	15	10	10	10	10	10
D67G + T215FY + K219E	5	5	5	5	0	0	5
K70R	5	30	15	10	0	0	5
M184V	15	-10	-10	10	60	60	-10
<u>T215FY</u>	10	60	40	15	0	0	10
<u>K219E</u>	5	10	10	5	0	0	5
K70R + T215FY	0	0	5	5	0	0	0
Total	65	125	85	65	70	70	30

Drug resistance mutation scores of NNRTI:

Rule	DOR ÷	EFV ÷	ETR ÷	NVP ÷	RPV ≑
K101E	15	15	15	30	45
G190C	10	60	10	60	10
Total	25	75	25	90	33

### Drug resistance interpretation: IN

INSTI Major Mutations: G118R ..... • E138K ..... • R263K ....

INSTI Accessory Mutations: L74LM Long to lone G149A are

IN Other Mutations:

### Integrase Strand Transfer Inhibitors

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

## IN comments

# Major

- G118R is a nonpolymorphic mutation reported in a significant proportion of persons with VF and emergent HIVDR in persons receiving a DTG-containing regimen. It has occasionally been reported in persons receiving other INSTIS. It is associated with 5-10-fold reduced susceptibility to RAL, EVG, DTG and CAB, and 2-3 fold reduced susceptibility to BIC.
- E138K/A/T are common nonpolymorphic accessory resistance mutations selected in patients receiving RAL, EVG, CAB, and DTG. Alone they do not reduce INSTI susceptibility. However, they contribute to reduced susceptibility in combination with other mutations particularly those at position 148.
- 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.

- L74M is a common polymorphic INSTI-resistance mutation. It has a prevalence between 1% and 5% among INSTI-naïve persons depending on subtype. It appears to be selected by each of the INSTIs. Alone it does not reduce INSTI susceptibility. However, in combination with other INSTI-resistance mutations, it contributes reduced susceptibility to each of the INSTIs.
- 6149A is an accessory nonpolymorphic mutation that has been reported primarily in combination with Q148 mutations. It appears to have no effect by itself but in combination with mutations at positions 140 and 148, it leads to contributes reduced susceptibility to DTG, CAB, and BIC.
- . There is evidence for high-level DTG resistance. If DTG is used, it should be administered twice daily.

60 60

15 15

90 120 110 125 120

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Mutation scoring: IN

E138K

R263K

Total