

PatientID: HDR106

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	HR	K65R;K70T;M184V
	AZT	S	
	D4T	HR	
	DDI	HR	
	FTC	HR	
	LMV	HR	
	TDF	HR	
NNRTI	DOR	S	K103N;G190A
	EFV	HR	
	ETR	PLR	
	NVP	HR	
	RPV	LR	

## 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>	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.
	K70/E/Q/N/T/S/G cause low-level resistance to ABC and TDF.
	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>	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.
	K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.
<b>INSTI</b>	