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

PI Major Mutations: None PI Accessory Mutations:

PR Other Mutations: 113V ...... • 115V ..... • E35D ..... • M36I ..... • R41K ..... • K45KR ...... • R57K ..... • H69K ..... • L89M .....

# Protease Inhibitors

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

Mutation scoring: PR HIVDB 9.5.1 (2023-11-05)

HIVDB 9.5.1 (2023-11-05)

No drug resistance mutations were found for PI.

Drug resistance interpretation: RT

NRTI Mutations: M41L xxx \* M184V xxx \* T215TY x 676, 1 276

NNRTI Mutations: A986 - G1905

RT Other Mutations: E6K ... K11T ... K20R ... V21I ... V35T ... V35T

Nucleoside Reverse Transcriptase Inhibitors abacavir (ABC) Intermediate Resistance zidovudine (AZT) High-Level Resistance stavudine (D4T) Intermediate Resistance

Intermediate Resistance High-Level Resistance

lamivudine (3TC) High-Level Resistance tenofovir (TDF) Low-Level Resistance

## Non-nucleoside Reverse Transcriptase Inhibitors

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

### RT comments

didanosine (DDI)

emtricitabine (FTC)

# NRTI

- . M41L is a TAM that usually occurs with T215Y. In combination, M41L plus T215Y confer intermediate / high-level resistance to AZT and d4T and contribute to reduced dd1, ABC and TDF susceptibility.
- 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.
- T215Y/F are TAMs that causes intermediate/high-level resistance to AZT and potentially low-level resistance to ABC and TDF.

- A98G is a non-polymorphic accessory mutation associated with low-level reduced susceptibility to each of the NNRTIs.
- . G1905 is a non-polymorphic mutation that confers high-level resistance to NVP and EPV. It may also be associated low-levels reductions in DOR susceptibility. It does not appear to be selected by ETR or RPV or to reduce their in vitro 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.
- 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 HIVDB 9.5.1 (2023-11-05)

Drug resistance mutation scores of NRT1:					Download CSV		
Rule	ABC ÷	AZT ≑	D4T ≎	DDI 💠	FTC ≎	зтс ≎	TDF ≑
M41L	5	15	15	10	0	0	5
M41L + M184V + T215TY	10	0	0	0	0	0	0
M41L + T215TY	10	10	10	10	5	5	10
M184V	15	-10	-10	10	60	60	-10
<u>T215TY</u>	10	60	40	15	0	0	10
Total	50	75	55	45	65	65	15

Drug resista	nce mutatio	Download C5V			
Rule	DOR ÷	EFV ÷	ETR ≑	NVP ≑	RPV ≑
A98G	15	15	10	30	15
G1905	20	60	10	60	15
Total	35	75	20	90	30

INSTI Major Mutations: INSTI Accessory Mutations:	None None		
IN Other Mutations:	K14R - V31I - 160M - 160M - T112V - 160M - T112V - T11		
Integrase Strand Transfer Inhibitors			
bictegravir (BIC)	Susceptible		

HIVDB 9.5.1 (2023-11-05)

bictegravir (BIC) cabotegravir (CAB) dolutegravir (DTG) elvitegravir (EVG) raltegravir (RAL)

Drug resistance interpretation: IN

Susceptible Susceptible

Susceptible Susceptible

No drug resistance mutations were found for INSTI.

Mutation scoring: IN