

Drug resistance interpretation: PR		HIVDB 9.5.1 (2023-11-05)
PI Major Mutations:	None	
PI Accessory Mutations:	None	
PR Other Mutations:	V11M • T12L • I13A • K14N • I15V • R41K • L63P • I64V • V77I	
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	
nelfinavir (NFV)	Susceptible	
saquinavir/r (SQV/r)	Susceptible	
tipranavir/r (TPV/r)	Susceptible	
Mutation scoring: PR		HIVDB 9.5.1 (2023-11-05)

Drug resistance interpretation: RT	HIVDB 9.5.1 (2023-11-05)
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NRTI Mutations:	S68N • L74I • M184I
NNRTI Mutations:	K101E • K103N • E138A
RT Other Mutations:	V35T • V60I • V90I • D121H • K122E • T139S • I142V • P150S • I178L • T200A • Q207G • R211K • K219X • E224N • P225I • P226H • L234X • V245K • P247X • D250E • N255M • D256I • I257* • L260* • V261W • G262E • Δ263-264 • W266K • A267W • S268A • Q269V • I270R • Y271F • A272I • G273R • Q278S • K281N • L282A • T286V • K287* • V292G • I293S

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

RT comments
NRTI
<ul style="list-style-type: none">L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance.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
<ul style="list-style-type: none">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.K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.E138A is a common polymorphic accessory mutation weakly selected in persons receiving ETR and RPV. It reduces ETR and RPV susceptibility ~2-fold. Its effect on ETR- and RPV-containing regimens is likely to be minimal.
Other
<ul style="list-style-type: none">V90I is a polymorphic accessory mutation weakly selected by each of the NNRTIs. It is associated with minimal, if any, detectable reduction in NNRTI susceptibility.P225H is a non-polymorphic EFV-selected mutation that usually occurs in combination with K103N. The combination of P225H and K103N synergistically reduces NVP, EFV and DOR susceptibility. P225I is a highly unusual mutation at this position.

Drug resistance mutation scores of NRTI:

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Rule	ABC ↕	AZT ↕	D4T ↕	DDI ↕	FTC ↕	3TC ↕	TDF ↕
<u>L74I</u>	15	0	0	60	0	0	5
<u>M184I</u>	15	-10	-10	10	60	60	-10
Total	30	-10	-10	70	60	60	-5

Drug resistance mutation scores of NNRTI:

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Rule	DOR ↕	EFV ↕	ETR ↕	NVP ↕	RPV ↕
<u>K101E</u>	15	15	15	30	45
<u>K103N</u>	0	60	0	60	0
<u>E138A</u>	0	0	10	0	15
<u>K101E + M184I</u>	0	0	0	0	15
Total	15	75	25	90	75