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

PI Major Mutations: None PI Accessory Mutations: None

PR Other Mutations:

Protease Inhibitors

atazanavir/r (ATV/r) Susceptible darunavir/r (DRV/r) Susceptible lopinavir/r (LPV/r) Susceptible

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

No drug resistance mutations were found for Pl.

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

M184V 20% NRTI Mutations: K103N 97% NNRTI Mutations:

V35T 50% • V60I 50% • RT Other Mutations:

1293V 85% P294PT 1: 71%, P: 25% E312ED 0: 58%, E: 34%

Nucleoside Reverse Transcriptase Inhibitors Non-nucleoside Reverse Transcriptase Inhibitors abacavir (ABC) Low-Level Resistance doravirine (DOR) Susceptible Susceptible High-Level Resistance zidovudine (AZT) efavirenz (EFV)

emtricitabine (FTC) High-Level Resistance etravirine (ETR) Susceptible High-Level Resistance High-Level Resistance lamivudine (3TC) nevirapine (NVP) Susceptible tenofovir (TDF) rilpivirine (RPV) Susceptible

RT comments

NRTI

• 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

K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.

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

Drug resista	nce mutation	Download CSV			
Rule	ABC \$	AZT ≑	FTC ÷	3ТС ≑	TDF \$
M184V	15	-10	60	60	-10

)rug resista	nce mutation	Download	CSV 🔻		
Rule	DOR \$	EFV \$	ETR \$	NVP \$	RPV \$
<u>K103N</u>	0	60	0	60	0