

PI Major Mutations:None

PI Accessory Mutations:None

PR Other Mutations:T12TA 11.90%
n=1,763 • T127A 11.30%
n=1,767 • I13V 100%
n=1,767 • K14KR 11.40%
n=1,286 • E35D 100%
n=1,548 • M36I 100%
n=1,548 • R41K 100%
n=1,548 • R57K 99%
n=1,246 • L63T 100%
n=1,762 • H69K 99%
n=1,548 • L89M 100%
n=1,803

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

No drug resistance mutations were found for PI.

NRTI Mutations:None

NNRTI Mutations:[K103N](#) 99%
n=1,279

RT Other Mutations:E6D 99%
n=1,838 • V35T 100%
n=1,215 • E40D 99%
n=1,212 • V60I 100%
n=1,235 • K122E 99%
n=1,982 • D123N 100%
n=1,982 • K126KR 11.70%
n=1,202 • I135T 99%
n=1,674 • S162Y 100%
n=1,246 • K173S 99%
n=1,235 • Q174K 100%
n=1,235 • D177E 100%
n=1,235 • V179I 100%
n=1,202 • T200TA 11.04%
n=1,039 • I202V 100%
n=1,517 • Q207D 100%
n=1,038 • R211S 100%
n=1,879 • F214L 100%
n=1,527 • V245E 100%
n=1,513 • **E248EG** 11.13%
n=1,185 • D250E 99%
n=1,211 • K312R 100%
n=1,58 • S519N 100%
n=1,40 • Q524K 99%
n=1,41 • K527Q 99%
n=1,41 • E529D 100%
n=1,228 • A534S 100%
n=1,235 • A554A5 11.10%
n=1,225

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

RT comments

NNRTI

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

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.

No drug resistance mutations were found for NRTI.

Drug resistance mutation scores of NNRTI:

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▼

Rule	DOR ⚡	EFV ⚡	ETR ⚡	NVP ⚡	RPV ⚡
K103N	0	60	0	60	0

INSTI Major Mutations:None

INSTI Accessory Mutations:None

IN Other Mutations:K14R 100%
n=1,388 • V32I 99%
n=1,138 • S39N 100%
n=1,114 • L45V 100%
n=1,152 • M50I 100%
n=1,102 • I72V 100%
n=1,107 • T112V 100%
n=1,052 • I113V 100%
n=1,052 • T124A 99%
n=1,045 • T125A 100%
n=1,045 • V126VF 11.64%
n=1,111 • G134D 100%
n=1,107 • I135V 100%
n=1,107 • D167E 100%
n=1,223 • V201I 100%
n=1,010 • K211R 100%
n=1,114 • N222K 100%
n=1,006 • L234I 100%
n=1,114 • S283G 100%
n=1,476

Integrase Strand Transfer Inhibitors	
bictegravir (BIC)	Susceptible
cabotegravir (CAB)	Susceptible
dolutegravir (DTG)	Susceptible
elvitegravir (EVG)	Susceptible
raltegravir (RAL)	Susceptible

IN comments

Other

- M50I** is a highly polymorphic mutation, which has a prevalence of 3% to 34% in INSTI-naïve persons depending on subtype. It has been selected in vitro by DTG and BIC in combination with R263K. It may contribute to reduced DTG and CAB susceptibility in combination with R263K.

No drug resistance mutations were found for INSTI.

PI Major Mutations:None

PI Accessory Mutations:None

PR Other Mutations:Q7QE0.00%Q.00%•**L10I**96%cons:R103•**T12I**99%cons:R270•**I13V**100%cons:R270•**K14KR**0.00%R.00%•**G16GE**0.00%G.00%•**G17GE**0.00%G.00%•**K20R**99%cons:R201•**E35D**99%cons:T287•**M36I**99%cons:T287•**N37D**99%cons:T287•**R41K**99%cons:T300•**R57K**99%cons:T300•**L63V**99%cons:T300•**H69K**99%cons:T311•**L89M**100%cons:R100

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

PR comments

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.

No drug resistance mutations were found for PI.

NRTI Mutations:**M41L**99%cons:R61•**M184V**99%cons:T72

NNRTI Mutations:**K103N**99%cons:Q100•**P225H**99%cons:T75

RT Other Mutations:V35T100%cons:R75•**V60I**100%cons:R77•**D121H**99%cons:R82•**K122E**99%cons:R82•**I142V**99%cons:Q100•**K173A**100%cons:R82•**Q174K**99%cons:R87•**D177EG**0.00%G.00%•**V179I**99%cons:T97•**T200E**99%cons:T97•**E203ED**0.00%D.00%•**Q207A**100%cons:R84•**R211S**97%cons:T95•**V245E**99%cons:Q100•**T286A**99%cons:Q100•**V292V**0.00%G.00%•**I293V**99%cons:R82•**P294A**99%cons:R82•**E312N**99%cons:Q100•**K512Q**97%cons:R89•**E514D**99%cons:Q98•**S519N**97%cons:Q100•**Q524K**99%cons:Q100•**K527G**99%cons:Q100•**E529D**99%cons:Q100•**A534S**97%cons:Q100•**A554S**97%cons:Q100

Nucleoside Reverse Transcriptase Inhibitors		Non-nucleoside Reverse Transcriptase Inhibitors	
abacavir (ABC)	Low-Level Resistance	doravirine (DOR)	Intermediate Resistance
zidovudine (AZT)	Susceptible	efavirenz (EFV)	High-Level Resistance
stavudine (d4T)	Susceptible	etravirine (ETR)	Susceptible
didanosine (DDI)	Low-Level Resistance	nevirapine (NVP)	High-Level Resistance
emtricitabine (FTC)	High-Level Resistance	rilpivirine (RPV)	Susceptible
lamivudine (3TC)	High-Level Resistance		
tenofovir (TDF)	Susceptible		

RT comments

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 ddI, 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.

NNRTI

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

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.

Drug resistance mutation scores of NRTI:

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Rule	ABC	AZT	d4T	DDI	FTC	3TC	TDF
<u>M41L</u>	5	15	15	10	0	0	5
<u>M184V</u>	15	-10	-10	10	60	60	-10
Total	20	5	5	20	60	60	-5

Drug resistance mutation scores of NNRTI:

Download CSV

Rule	DOR	EFV	ETR	NVP	RPV
<u>K103N + P225H</u>	10	0	0	0	0
<u>P225H</u>	20	45	0	45	0
<u>K103N</u>	0	60	0	60	0
Total	30	105	0	105	0

INSTI Major Mutations:

INSTI Accessory Mutations:

IN Other Mutations:

G118R

40%
n=267

•

E138K

40%
n=422

L74LM

NA 40%, L 10%
n=527

K14R

10%
n=1527

•

V31I

10%
n=1,434

•

I60IM

0 40%, R 30%
n=781

•

I72L

10%
n=607

•

L101I

100%
n=222

•

T112IV

0 10%, L 10%
n=202

•

T124A

40%
n=217

•

T125A

40%
n=277

•

G134N

40%
n=427

•

I135V

40%
n=421

•

K136Q

40%
n=421

•

K156N

40%
n=580

•

V165I

40%
n=550

•

F181L

70%
n=1,246

•

V201I

100%
n=1,931

•

L234I

40%
n=1,405

•

S283G

90%
n=1,911

Integrase Strand Transfer Inhibitors	
bictegravir (BIC)	High-Level Resistance
cabotegravir (CAB)	High-Level Resistance
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.

Accessory

- 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.
- There is evidence for high-level DTG resistance. If DTG is used, it should be administered twice daily.

Drug resistance mutation scores of INSTI:

Download CSV

Rule	BIC ÷	CAB ÷	DTG ÷	EVG ÷	RAL ÷
L74LM + G118R	10	10	10	10	10
G118R	30	60	50	60	60
G118R + E138K	10	10	10	10	10
E138K	10	10	10	15	15
Total	60	90	80	95	95