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

PI Major Mutations: None PI Accessory Mutations: None

PR Other Mutations: 113V 50% - K14R 54% - G16E 53% - K20I 53% - M36I 50% - R41K 50% - I64M 54% - H69K 54% - 172V 54% - L89M 50% - Cappel 752

## 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

K20I is the consensus amino acid in subtype G and CRF02\_AG. In subtypes B and C, K20I is a PI-selected mutation of uncertain effects on currently used PIs.

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

No drug resistance mutations were found for PI.

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

L74I 95% M184V 95% T215Y 95% NRTI Mutations:

L1001 85% ..... K103N 98% NNRTI Mutations:

RT Other Mutations:

#### **Nucleoside Reverse Transcriptase Inhibitors**

#### abacavir (ABC) Intermediate Resistance zidovudine (AZT) Intermediate Resistance stavudine (D4T) Intermediate Resistance didanosine (DDI) High-Level Resistance emtricitabine (FTC) High-Level Resistance lamivudine (3TC) High-Level Resistance

tenofovir (TDF) Susceptible

# Non-nucleoside Reverse Transcriptase Inhibitors

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

## RT comments

# NRTI

- L74V causes intermediate ABC resistance. L74I causes low-level ABC resistance.
- M184V/I cause high-level in vitro resistance to ATC 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.

# NNRTI

- L100I is a non-polymorphic mutation that usually occurs in combination with K103N. In this setting it confers high-level resistance to NVP, EFV, and RPV and intermediate resistance to ETR and DOR.
- K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.

# Other

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.

Drug	resistance	mutation	scores	of NRTI:
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Rule	ABC ÷	AZT \$	D4T ÷	DDI \$	FTC ÷	зтс ≑	TDF ‡	
<u>L741</u>	15	0	0	60	0	0	5	
M184V	15	-10	-10	10	60	60	-10	
T215Y	10	60	40	15	0	0	10	
Total	40	50	30	85	60	60	5	



Drug resistance mu	:	Download CSV			
Rule	DOR \$	EFV \$	ETR ÷	NVP ≑	RPV \$
L100I	15	60	30	60	60
L100I + K103N	15	0	0	0	0
K103N	0	60	0	60	0
Total	30	120	30	120	60