

PatientID: HIVDR-1781-23

Sebuttemba 27, 2023

### Color Code

■ HR: High-Level Resistance    ■ PLR: Potential Low-Level Resistance  
■ LR: Low-Level Resistance    ■ IR: Intermediate Resistance  
■ S: Susceptible

DRUG.CLASS	DRUG	RESISTANCE.PROFILE	DRMS.above.20.percent.prevalence
PI	ATV	S	
	DRV	S	
	FPV	S	
	IDV	S	
	LPV	S	
	NFV	S	
	SQV	S	
	TPV	S	
NRTI	ABC	HR	L210WL;M41L;M184V;T215Y
	AZT	HR	
	D4T	HR	
	DDI	HR	
	FTC	HR	
	LMV	HR	
	TDF	IR	
NNRTI	DOR	LR	V108I;H221Y;K103N
	EFV	HR	
	ETR	PLR	
	NVP	HR	
	RPV	LR	
INSTI	BIC	HR	G118R;E138K;T66A
	CAB	HR	
	DTG	HR	
	EVG	HR	
	RAL	HR	

## Appendix

### Drug abbreviations in full

DRUG.CLASS	ABBREVIATION	DRUG.NAME
<b>PI</b>	ATV	Atazanavir
	DRV	Darunavir
	FPV	Fosamprenavir
	IDV	Indinavir
	LPV	Lopinavir
	NFV	Nelfinavir
	SQV	Saquinavir
	TPV	Tipranavir
<b>NRTI</b>	ABC	Abacavir
	AZT	Azidothymidine
	DFT	Stavudine
	DDI	Didanosine
	FTC	Emtricitabine
	LMV	Lamivudine
	TDF	Tenofovir
<b>NNRTI</b>	DOR	Doravirine
	EFV	Efavirenz
	ETR	Etravirine
	NVP	Nevirapine
	RPV	Rilpivirine
<b>INSTI</b>	BIC	Bictegravir
	CAB	Cabotegravir
	DTG	Dolutegravir
	EVG	Elvitegravir
	RAL	Raltegravir

### Comments

DRUG.CLASS	COMMENTS
<b>PI</b>	
<b>NRTI</b>	L210W is a TAM that usually occurs in combination with M41L and T215Y. The combination of M41, L210W and T215Y causes high-level resistance to AZT and intermediate resistance to ABC and TDF.
	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.
	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.
	T215Y/F are TAMs that causes intermediate/high-level resistance to AZT and potentially low-level resistance to ABC and TDF.
	H221Y is a non-polymorphic accessory mutation selected primarily by NVP, RPV, and DOR. It frequently occurs in combination with Y181C.
	K103N is a non-polymorphic mutation that confers high-level reductions in NVP and EFV susceptibility. It is the most commonly transmitted DRM.

<b>NNRTI</b>	V108I is a relatively non-polymorphic accessory mutation selected in vitro and/or in vivo with each of the NNRTIs. It appears to contribute to reduced susceptibility to most NNRTIs only in combination with other NNRTI-resistance mutations.
<b>INSTI</b>	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.
	T66A/I are non-polymorphic mutations selected in persons receiving EVG, RAL, and DTG usually in combination with other INSTI-resistance mutations. They cause moderate reductions in EVG susceptibility but do not appear to reduce susceptibility to other INSTIs.