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

PI Major Mutations: None
PI Accessory Mutations: K20T

PR Other Mutations: L10G • V11N • T12F • I13S • G16C • G17R • Q18K • E35D • M36I • R41K • K45R • R57K • H69K • L89M

Protease Inhibitors

atazanavir/r (ATV/r)
darunavir/r (DRV/r)
fosamprenavir/r (FPV/r)
indinavir/r (IDV/r)
lopinavir/r (LPV/r)
Susceptible
Susceptible
Susceptible
Susceptible

nelfinavir (NFV) Low-Level Resistance

saquinavir/r (SQV/r) Susceptible tipranavir/r (TPV/r) Susceptible

PR comments

Accessory

K20T is a non-polymorphic accessory PI-selected mutation associated with reduced susceptibility to ATV and LPV.

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Other

• L10F is a common non-polymorphic, PI-selected accessory mutation associated with reduced in vitro susceptibility to LPV and DRV. L10I/V are polymorphic, PI-selected accessory mutations. Their effects on PI susceptibility have not been well studied. L10G is a highly unusual mutation at this position.

Drug resistance mutation scores of PI:

Mutation scoring: PR

HIVDB 9.5.1 (2023-11-05)

Drug re	residence material sector of the						Dominous CSV			
Rule	ATV/r 🗢	DRV/r ‡	FPV/r =	IDV/r ‡	LPV/r ≑	NFV \$	sqv/r =	TPV/r 🗢		
K20T	5	0	5	5	0	15	5	0		

Drug resistance interpretation: RT

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NRTI Mutations: M184V NNRTI Mutations: K103N

RT Other Mutations: P4Q • K11T • K20R • V21I • E28K • K32E • V35T • T39N • V60I • K101A • K122E • D123N • I135T • K173A • Q174K • I195X • T200A • Q207E • R211K • K219X • P236S • D237* • K238Q • V245Q • P247Q • D250E • S251C • T253N • V254C • N255H • L260S • V261S • L264I • N265X • A267V • A272P • I274S •

K275S - V276K - K277A - Q278L - L279C - C280R - K281T - L283S - R284D - G285R - T286S - K287L - A288K - L289P - T290L - E291N - V292R - I293M

Nucleoside Reverse Transcriptase Inhibitors

Non-nucleoside Reverse Transcriptase Inhibitors

abacavir (ABC)	Low-Level Resistance	doravirine (DOR)	Susceptible
zidovudine (AZT)	Susceptible	efavirenz (EFV)	High-Level Resistance
stavudine (D4T)	Susceptible	etravirine (ETR)	Susceptible
didanosine (DDI)	Potential 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

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 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.

Other

- K101N/A/T are uncommon non-polymorphic NNRTI-selected mutation of uncertain phenotypic and clinical significance.
- P236L is a rare mutation selected commonly by DLV, which appears to have little if any effect on current NNRTIs. P236S is a highly unusual mutation at this position.
- K238T/N are uncommon non-polymorphic mutations selected in persons receiving NVP and EFV usually in combination with K103N. Alone, K238T/N appear to have minimal effects on NNRTI susceptibility. K238Q is a highly unusual mutation at this position.

Mutation scoring: RT

Drug resistance mutation scores of NRTI:

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Rule	ABC \$	AZT \$	D4T ‡	DDI \$	FTC 0	зтс ≑	TDF (
M184V	15	-10	-10	10	60	60	-10

Drug resistance mutation scores of NNRTI:

Download CSV

Rule	DOR \$	EFV \$	ETR \$	NVP ≑	RPV \$
K103N	0	60	0	60	0

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