

Table 1C. *Staphylococcus* spp.

Tier 1: Antimicrobial agents that are appropriate for routine, primary testing and reporting	Tier 2: Antimicrobial agents that are appropriate for routine, primary testing but may be reported following cascade reporting rules established at each institution	Tier 3: Antimicrobial agents that are appropriate for routine, primary testing in institutions that serve patients at high risk for MDROs but should only be reported following cascade reporting rules established at each institution	Tier 4: Antimicrobial agents that may warrant testing and reporting by clinician request if antimicrobial agents in other tiers are not optimal because of various factors
Azithromycin or clarithromycin or erythromycin ^a			
Clindamycin ^a			
Oxacillin ^{b,c,d,e,f} Cefoxitin ^{b,c,d,e} (surrogate for oxacillin)		Ceftaroline ^g	
Doxycycline Minocycline ^a Tetracycline			
Trimethoprim-sulfamethoxazole			
Vancomycin ^h			
	Penicillin ^{b,i}		
	Daptomycin ^{h,j}		
	Linezolid	Tedizolid ^g	
		Rifampin ^k	
		Lefamulin ^{a,g}	
			Ciprofloxacin or levofloxacin Moxifloxacin
			Dalbavancin ^{g,h}
			Oritavancin ^{g,h}
			Telavancin ^{g,h}
			Gentamicin ^l
Urine Only			
Nitrofurantoin			

Abbreviations: MDRO, multidrug-resistant organism; MIC, minimal inhibitory concentration; MRS, methicillin (oxacillin)-resistant staphylococci.

Table 1C. *Staphylococcus* spp. (Continued)**Footnotes**

- a. Not routinely reported on organisms isolated from the urinary tract.
- b. Penicillin-susceptible staphylococci are susceptible to other β -lactam agents with established clinical efficacy for staphylococcal infections (including both penicillinase-labile and penicillinase-stable agents; see Glossary I). Penicillin-resistant staphylococci are resistant to penicillinase-labile penicillins.
- c. MRS are resistant to currently available β -lactam antimicrobial agents, with the exception of ceftaroline. Thus, susceptibility or resistance to a wide array of β -lactam antimicrobial agents may be deduced from testing only penicillin and either ceftaxime or oxacillin. Testing of other β -lactam agents, except ceftaroline, is not advised.
- d. If a penicillinase-stable penicillin is tested, oxacillin is the preferred agent, and results can be applied to the other penicillinase-stable penicillins (refer to Glossary I). Detection of methicillin (oxacillin) resistance in staphylococci is achieved by using specific methods, as described in Tables 2C and 3H.
- e. See oxacillin and ceftaxime comments in Table 2C for using ceftaxime as a surrogate test for oxacillin.
- f. For *S. aureus*, *S. lugdunensis*, and other *Staphylococcus* spp. (except *S. coagulans*, *S. epidermidis*, *S. pseudintermedius*, and *S. schleiferi*), only MIC testing for oxacillin, not disk diffusion testing, is acceptable; see exceptions in Table 2C.
- g. For *S. aureus* only, including methicillin (oxacillin)-resistant *S. aureus*.
- h. MIC testing only; disk diffusion testing is unreliable.
- i. If penicillin is tested, confirm susceptible results before reporting (see Table 2C comment [9] and Table 3G).
- j. Not routinely reported on organisms isolated from the lower respiratory tract.
- k. **Rx:** Rifampin should not be used alone for antimicrobial therapy.
- l. For staphylococci that test susceptible, gentamicin is used only in combination with other active agents that test susceptible.