Table 1G. *Streptococcus pneumoniae*

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
Erythromycin[a,b]			
Penicillin[c]			Amoxicillin[d] Amoxicillin-clavulanate[d]
Trimethoprim-sulfamethoxazole			
Cefotaxime[c,d] Ceftriaxone[c,d]			Cefepime[d]
			Ceftaroline
	Meropenem[c,d]		Ertapenem[d] Imipenem[d]
	Clindamycin[b]		
	Doxycycline Tetracycline		
	Levofloxacin[e] Moxifloxacin[e]		
	Vancomycin[c]		
			Lefamulin[b]
			Linezolid
			Cefuroxime[d]
			Rifampin[f]

Abbreviations: CSF, cerebrospinal fluid; MDRO, multidrug-resistant organism; MIC, minimal inhibitory concentration.

Table 1G. *Streptococcus pneumoniae* (Continued)

Footnotes

a. Susceptibility and resistance to azithromycin and clarithromycin can be predicted by testing erythromycin.

b. Not routinely reported on organisms isolated from the urinary tract.

c. Penicillin and cefotaxime, ceftriaxone, or meropenem should be tested by a reliable MIC method (such as that described in CLSI M07[1]) and reported routinely with *S. pneumoniae* isolated from CSF. Such isolates can also be tested against vancomycin using the MIC or disk diffusion method. With isolates from other sites, the oxacillin disk test may be used. If the oxacillin zone size is ≤ 19 mm, cefotaxime, ceftriaxone, meropenem, or penicillin MICs should be determined.

d. MIC testing only; disk diffusion test is unreliable.

e. Organisms that are susceptible to levofloxacin are also considered susceptible to gemifloxacin and moxifloxacin. However, some organisms that are intermediate or resistant to levofloxacin may be susceptible to gemifloxacin, moxifloxacin, or both.

f. ***Rx:*** Rifampin should not be used alone for antimicrobial therapy.

Reference for Table 1G

1 CLSI. *Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically.* 12th ed. CLSI standard M07. Clinical and Laboratory Standards Institute; 2024.