Table S1. Correlation of MRSA daptomycin MIC with clinical outcomes in comparative studies

Study	**Total # cases with MIC reported***	**Infection site**	**Daptomycin MIC (µg/mL)**	**Daptomycin dose**	**Daptomycin cure rate[¶]**	**Comments**
Kullar *et al* (1)	125	BSI, bone/joint, SSTI/wound, endocarditis, ortho-hardware	≤1 - 4[ab]	>8 mg/kg/day	92.0%	Surgical intervention unknown. Cure rate derived from additional data provided by authors. 100% (101/101) of cases with an MIC of ≤ 1 µg/mL, 71% (12/17) cases with an MIC of 2µg/mL, and 29% (2/7) with an MIC of 4 µg/mL were cured. Outcome of one case was unavailable and not presented.
Fowler *et al* (2)	120	Uncomplicated and complicated BSI and endocarditis	(See comment)[a]	6mg/kg/day	42.7%	Study included MSSA; data not included in Table 2. 37.5% of blood isolates were MRSA of which 44.4% were cured. Overall composite clinical/microbiological cure at 6 weeks was 42.7% (intent-to-treat); however microbiological failure alone was 15.8%. MIC presented for only 7 patients with a rising MIC on daptomycin; 6 were failures (both MSSA and MRSA). MIC rose on therapy from 0.25-0.5[a] µg/ml to 2-4[a] µg/ml in these 6 failures.

Kullar *et al* (3)	100	BSI, hardware infection, CLABSI, endocarditis, bone/joint	0.13 - 4[a]	6-10 mg/kg/day	79%	Unknown what proportion of failures had surgical interventions. 6% of patients received rifampicin co-therapy, 6% of patients received gentamicin co-therapy. Microbiological failure was defined as persistent bacteremia ≥7 days. 75% (75/100) cases with an initial MIC ≤ 1 ug/mL, 50% (1/2) with a peak MIC = 2 ug/mL, and 0% (0/5) with a peak MIC = 4 µg/mL were cured.
Campbell *et al* (4)	89	BSI, UTI, wound, respiratory, endovascular catheter, hardware	0.25 - 4[bd]	2.6 - 12 mg/kg/day	87%	70% of cases had bacteremia, 70% of cases had permanent/chronic device focus, and 18% had endovascular catheter involvement. Mean dose was 6.9 mg/kg/day.
Murray *et al* (5)	85	BSI	≤1≤ - 4[bd]	At least 6 mg/kg/day	80%	Prolonged bacteremia noted, but ultimately microbiological and clinical cure. The two isolates with an MIC ≥ 2 had clinical cure and the rise in MIC occurred on daptomycin therapy.
Moore *et al* (6)	59	BSI, endocarditis, device/graft, genitourinary, wound	≤1 [b]	6 mg/kg/day	90%	Surgical intervention or device/graft removal status in failures unknown. 17% had clinical failure. Excluded respiratory infections. 29% had endocarditis, 10% had device/graft infection. Daptomycin dose presented is median initial dose.

Rehm *et al* (7)	45	BSI, endocarditis, vascular device	0.25-2.0[c]	6mg/kg/day	44.4%	Not all underwent appropriate surgical intervention and/or intravascular device removal and deep seated infection present in many failures. Baseline MIC 0.25-0.5 µg/ml. 26.7% cases experienced persisting or relapsing bacteremia. All microbiological failures occurred in patients with complicated BSI or endocarditis. Composite clinical endpoint (cure/improvement, bacteremia clearance and/or lack of treatment limiting adverse reactions to daptomycin) presented.
Davis *et al* (8)	22	SSTI	0.125 - 1[c]	4mg/kg/day	100.0%	Endpoint defined as clinical cure rather than microbiological cure. All patients cured.
Gomez *et al* (9)	4	BSI, septic pulmonary emboli, SSTI	0.019 - 1[b]	6 mg/kg/day	100.0%	Rifampicin co-therapy in all cases. One case died post resolution of infection from non-septic causes. Injectable drug use in 75% of cases.
Miro *et al* (10)	2	BSI, endocarditis	1[a]	10mg/kg/day	100%	No surgical valve intervention. Fosfomycin administered with daptomycin. Prior gentamicin, vancomycin and lower dose daptomycin. Severe comorbidities including HIV and cirrhosis.
Levy *et al* (11)	1	BSI, cardiac ventricular assist device	0.25 - 8[b]	8 mg/kg/day	0%	Device left in-situ. Concurrent use of rifampicin and gentamicin. Salvage therapy with COXT, linezolid, gentamicin, Q/D and device removal with transplant ultimately successful. Daptomycin MIC increase on therapy.

Mariani *et al* (12)	1	Bone with prosthetic joint	0.5 - 8[a]	650 mg/day	0%	Long delay to removal of infected hardware. Patient died. MIC of 8 µg/mL seen on bone cultures only. Daptomycin MIC increase on therapy.
Tascini *et al* (13)	1	BSI, cardiac device, endocarditis	2[a]	6 mg/kg/day	100%	Pacemaker explanted.
Wahby *et al*(14)	1	BSI, meningitis, peritoneal fluid	<0.5[c]	6mg/kg/q48 hr (renally adjusted)	0%	Febrile neutropenia and peritoneal dialysis dependent. CSF analysis showed undetectable daptomycin concentrations. Salvage therapy with rifampicin, linezolid and vancomycin (intraperitoneal) successful.
Ho *et al* (15)	1	Endocarditis, BSI	2[b]	6mg/kg/day	0%	Did not undergo valve replacement during daptomycin failure. Ceftaroline salvage therapy and subsequent mitral valve replacement with cure.
Kelesidis *et al* (16)	1	BSI, spinal osteomyelitis, meningitis and neurological shunt	≤0.5[a]	Unknown	100.0%	Shunts removed. Linezolid and rifampicin co-therapy. MIC available on blood isolate only.
Twele *et al* (17)	1	BSI, right sided endocarditis	0.125 - 1..5[b]	6 -12 mg/kg/day	0% (see comment)	No surgical intervention for endocarditis. MIC increased on daptomycin therapy. Salvage therapy with linezolid and gentamicin cleared bacteremia but progression of vegetation size noted.

Boyle-Vavra *et al* (18)	1	BSI, possible septic arthritis	≤0.25 - 2[b]	6 mg/kg/day	0.0%	Nil surgical intervention beyond shoulder aspirate. MIC increase after daptomycin commenced. Dosing was based on ideal rather than actual body weight. Clearance of bacteremia with vancomycin therapy.
Tascini *et al* (19)	1	CLABSI, biliary	1[c]	8 mg/kg/day	100.0%	Vascular catheter removed. Failed teicoplanin. Biliary VRE co-infection.
Hussain *et al* (20)	1	BSI, peripheral vascular catheter	0.19[b]	10mg/kg/day	100.0%	Neonate.
Sheridan *et al* (21)	1	BSI, endopthalmitis, pericarditis, cardiac device	0.5[b]	10 mg/kg q48 hr	100.0%	Cardiac device and vascular catheters removed. Prior vancomycin and linezolid. Death 3 weeks after resolution of infection with nil apparent signs of sepsis.
Lee *et al* (22)	1	BSI, bone, joint, vascular catheter related	0.38 - 4[b]	12 mg/kg/day	0.0%	Vascular catheter removed but nil surgical intervention of infected joint. Advanced malignancy. MIC increased on therapy. Failed linezolid therapy.
Ritchie *et al* (23)	1	Chronic prosthetic joint	0.38[b]	6 mg/kg/day	100.0%	Wash-out of joint occurred. HIV and sickle cell anaemia. Fusidic acid co-therapy.
Vernadakis *et al* (24)	1	CLABSI, endocarditis	0.5[b]	6 mg/kg/day	100.0%	Valve replacement and central line removed. Failed vancomycin and linezolid. Infection occurred post liver transplant for cirrhosis.

Tenover *et al* (25)	1	BSI, cardiac device	≤0.5 - 4[a]	6 mg/kg/48 hr	0.0%	Long delay till removal of infected hardware. Daptomycin MIC increase on therapy. Daptomycin dosing renally adjusted. Salvage therapy of Q/D, linezolid and COXT ultimately successful.
Cunha *et al* (26)	1	BSI, prosthetic valve endocarditis	1-2[a]	6 - 12 mg/kg/48 hr	0.0%	No surgical intervention. Rifampicin co-therapy. Patient died.
Kuo *et al* (27)	1	CLABSI, endocarditis	0.5 - 2[a]	350mg/day	0.0%	Vascular catheter removed, re-inserted and removed again. No surgical intervention for endocarditis. Daptomycin MIC increased on therapy. Patient died. Candidemia co-infection. Dosing renally adjusted.
Cunha *et al* (26)	1	BSI	0.25[a]	12 mg/kg/day	0.0%	Failed linezolid salvage. Patient died.
Liu *et al* (28)	1	BSI, infected cardiac device, endocarditis and septic pulmonary emboli with abscesses	0.25[a]	300mg/day	0.0%	Cardiac device removed. Rifampicin co-therapy. Salvage therapy with fusidate and linezolid successful. Dose renally adjusted.
Kuo *et al*(27)	1	BSI, mycotic aneurysm	0.5 - 2[a]	250mg q48 hr	0.0%	Surgical repair of aneurysm. Dose renally adjusted. Daptomycin MIC increased on glycopeptide therapy before daptomycin therapy was commenced.

Lee *et al (29)*	1	Meningitis, BSI, infected dialysis graft	1[b]	6mg/kg/48 hr	100.0%	Graft removed. Background of chronic kidney disease and lupus. Renally adjusted dosing.

[a]Reference broth microdilution, [b]Etest, [c]method not described, [d]automated method

MRSA = methicillin-resistant *S.aureus,* COXT = co-trimoxazole, Q/D = quinupristin-dalfopristin, BSI = bloodstream infection, UTI = urinary tract infection, MIC = minimum inhibitory concentration (mg/L), CLABSI = central line associated central line, SSTI = skin and soft tissue infection

*Subjects only included where MIC and correlating clinical outcome could be derived from published study findings, [¶]cure defined as clearance of bacteraemia or other cultures unless otherwise stated

Table S2. Correlation of VRE daptomycin MIC with clinical outcomes in comparative studies

Study	Total # cases with MIC reported*	Organism (infection site)	Daptomycin MIC (µg/ml)	Daptomycin dose (IV unless stated)	Daptomycin cure rate[¶]	Comments
Gallagher *et al* (30)	14	*E. faecium* *E. faecalis* *E. raffinosus* (BSI)	<1 - 4 [bd]	3.7 – 6.7 mg/kg/day	57%	Death in all microbiological failures. 2 cases had MIC < 1µg/mL, of which 50% cured. 2 cases had MIC = 2 µg/mL, of which 0% cured. 10 cases had MIC = 4 µg/mL, of which 70% cured. Doses < 6 mg/kg/day associated with treatment failure. All failures occurred with *E. faecium* isolates
King *et al* (31)	46	*E. faecium* *E. faecalis* (BSI, CLABSI)	0.5 - 4[b]	5.35 – 8.2 mg/kg/day	78.2%	Vascular catheter present in majority. Vascular catheter removed in under 40% of cases in total, and not removed in any failures. Excluded cases with MIC > 4 µg/mL or use of other VRE active agents. Higher daptomycin dosing (eg, >6 mg/kg/day) was not associated with cure. All failures occurred with *E. faecium* isolates

Arias *et al* (32)	1	*E. faecium* (BSI, endocarditis, vascular graft)	2-4[a]	6-8 mg/kg/day	(see comment)	No surgical intervention. Initial isolate had MIC = 4 µg/mL by BMD (6 µg/mL by Etest) and failed daptomycin. Subsequent VRE isolate had an MIC = 2 µg/mL (3µg/mL by Etest) and responded to ampicillin, gentamicin and 8mg/kg/day daptomycin.
Long *et al* (33)	1	*E. faecium* (BSI)	> 8-32[a]	6mg/kg/day	0%	Febrile neutropenia post induction chemotherapy for AML. Linezolid salvage therapy resulted in cure. Possible late onset relapse 2 months later during stem cell transplantation.
Beneri *et al* (34)	1	*E. faecium* (CLABSI, cardiac shunt infection)	1.0[b]	6mg/kg/day	100%	All vascular catheters removed and replaced but cardiac shunt left in-situ. Original dose 4mg/kg/q48hrs (renally adjusted). Gentamicin and doxycycline co-therapy.
Schutt *et al* (35)	1	*E. faecium* (BSI, prosthetic valve endocarditis)	3 - 4[a]	6-8 mg/kg/day	100%	No surgical intervention. 6mg/kg/day daptomycin (with gentamicin combination) failed. 2nd line salvage regimen of 8mg/kg/day daptomycin plus tigecycline resulted in cure.
Huen *et al* (36)	1	*E. faecium* (dialysis associated peritonitis)	4[c]	20mg/L (intra-peritoneal)	100%	Peritoneal catheter not removed. Intraperitoneal gentamicin co-therapy used.

Akins *et al* (37)	1	*E. faecium* (CLABSI, endocarditis)	2[a]	6-8 mg/kg/day	(see comment)	No surgical intervention and unknown if vascular catheter removed. Severely immunosuppressed. Cleared blood culture initially, but subsequently died from respiratory failure.
Schwartz *et al* (38)	1	*E.faecium* (BSI, endocarditis)	2[c]	6-8 mg/kg/day	0%	No surgical intervention. Failed Q/D salvage therapy.
Kelesidis *et al* (39)	1	*E. faecium* (post-operative intrabdominal abscess, urine)	2 - >256[a]	6mg/kg/q48hrs	0%	Percutaneous drainage of collections. Morbid obesity. Salvage therapy with tigecycline successful. MIC rose on daptomycin therapy. Renally adjusted dosing.
Le *et al* (40)	2	*E. faecium* (post neurosurgical meningitis)	2 -3[b]	9 - 12 mg/kg/day	100%	Gentamicin co-therapy.
Hidron *et al* (41)	1	*E. faecalis* (BSI, mechanical prosthetic valve endocarditis)	4 - > 8[b]	Unknown	0%	No surgical intervention. Linezolid salvage therapy failed and patient died. Two isolates with different MICs.

Sabol *et al*	1	*E. faecalis* (UTI, BSI)	≥ 32[a]	6mg/kg/day	0%	Vascular catheter removed. Initial urine isolate had MIC = 2 µg/mL, blood isolates MIC ≥ 32 µg/ml. Linezolid salvage therapy resulted in cure
Munoz-Price *et al* (42)	1	*E. faecalis* (hemodialysis related BSI)	1 - 16[a]	400mg q48hr	0%	Hemodialysis vascular catheter replaced. Patient expired. Dose was renally adjusted. Initial isolate MIC of 1 µg/mL, final isolate MIC of 16 µg/ml. Amikacin co-therapy.
Barber *et al* (43)	1	*E.gallinarum* (CLABSI)	1[b]	6 mg/kg/day	100%	Intravascular catheter changed. Malignancy with neutropaenia post-chemotherapy. Gentamicin co-therapy.

BSI = bloodstream infection, UTI = urinary tract infection, MIC = minimum inhibitory concentration (µg/ml), [a]BMD, [b]Etest, [c]method not described, [d]automated

*Subjects only included where MIC and correlating clinical outcome could be derived from published study findings, CLABSI = central line associated blood stream infection

¶cure defined as clearance of bacteremia or other cultures unless otherwise stated, SSTI = skin and soft tissue infection, Q/D = quinupristin-dalfopristin

Supplemental Table References

1. **Kullar, R., S. L. Davis, D. P. Levine, J. J. Zhao, C. W. Crank, J. Segreti, G. Sakoulas, S. E. Cosgrove, and M. J. Rybak.** 2011. High-dose daptomycin for treatment of complicated gram-positive infections: a large, multicenter, retrospective study. Pharmacotherapy **31:**527-36.
2. **Fowler, V. G., Jr., H. W. Boucher, G. R. Corey, E. Abrutyn, A. W. Karchmer, M. E. Rupp, D. P. Levine, H. F. Chambers, F. P. Tally, G. A. Vigliani, C. H. Cabell, A. S. Link, I. DeMeyer, S. G. Filler, M. Zervos, P. Cook, J. Parsonnet, J. M. Bernstein, C. S. Price, G. N. Forrest, G. Fatkenheuer, M. Gareca, S. J. Rehm, H. R. Brodt, A. Tice, and S. E. Cosgrove.** 2006. Daptomycin versus standard therapy for bacteremia and endocarditis caused by Staphylococcus aureus. N Engl J Med **355:**653-65.
3. **Kullar, R., S. L. Davis, K. S. Kaye, D. P. Levine, J. M. Pogue, and M. J. Rybak.** 2013. Implementation of an antimicrobial stewardship pathway with daptomycin for optimal treatment of methicillin-resistant Staphylococcus aureus bacteremia. Pharmacotherapy **33:**3-10.
4. **Campbell, M. L., D. Marchaim, J. M. Pogue, B. Sunkara, S. Bheemreddy, P. Bathina, H. Pulluru, N. Chugh, M. N. Wilson, J. Moshos, K. Ku, K. Hayakawa, E. T. Martin, P. R. Lephart, M. J. Rybak, and K. S. Kaye.** 2012. Treatment of methicillin-resistant Staphylococcus aureus infections with a minimal inhibitory concentration of 2 mug/mL to vancomycin: old (trimethoprim/sulfamethoxazole) versus new (daptomycin or linezolid) agents. Ann Pharmacother **46:**1587-97.
5. **Murray, K. P., J. Zhao, S. L. Davis, R. Kullar, K. Kaye, P. Lephart, and M. J. Rybak.** 2013. Early use of daptomycin versus vancomycin for methicillin-resistant Staphylococcus aureus bacteremia with vancomycin MIC>1 mg/L: a matched cohort study. Clin Infect Dis.
6. **Moore, C. L., P. Osaki-Kiyan, N. Z. Haque, M. B. Perri, S. Donabedian, and M. J. Zervos.** 2012. Daptomycin versus vancomycin for bloodstream infections due to methicillin-resistant Staphylococcus aureus with a high vancomycin minimum inhibitory concentration: a case-control study. Clin Infect Dis **54:**51-8.
7. **Rehm, S. J., H. Boucher, D. Levine, M. Campion, B. I. Eisenstein, G. A. Vigliani, G. R. Corey, and E. Abrutyn.** 2008. Daptomycin versus vancomycin plus gentamicin for treatment of bacteraemia and endocarditis due to Staphylococcus aureus: subset analysis of patients infected with methicillin-resistant isolates. J Antimicrob Chemother **62:**1413-21.
8. **Davis, S. L., P. S. McKinnon, L. M. Hall, G. Delgado, Jr., W. Rose, R. F. Wilson, and M. J. Rybak.** 2007. Daptomycin versus vancomycin for complicated skin and skin structure infections: clinical and economic outcomes. Pharmacotherapy **27:**1611-8.
9. **Gomez, E. O., A. Jafary, and L. L. Dever.** 2010. Daptomycin and rifampin for the treatment of methicillin-resistant Staphylococcus aureus septic pulmonary emboli in the absence of endocarditis. Microb Drug Resist **16:**241-4.
10. **Miro, J. M., J. M. Entenza, A. Del Rio, M. Velasco, X. Castaneda, C. Garcia de la Maria, M. Giddey, Y. Armero, J. M. Pericas, C. Cervera, C. A. Mestres, M. Almela, C. Falces, F. Marco, P. Moreillon, and A. Moreno.** 2012. High-dose daptomycin plus fosfomycin is safe and effective in treating methicillin-susceptible and methicillin-resistant Staphylococcus aureus endocarditis. Antimicrob Agents Chemother **56:**4511-5.
11. **Levy, D. T., M. E. Steed, M. J. Rybak, Y. Guo, P. Gialanella, L. Hanau, V. Muggia, and B. Ostrowsky.** 2012. Successful treatment of a left ventricular assist device infection with daptomycin non-susceptible methicillin-resistant Staphylococcus aureus: case report and review of the literature. Transpl Infect Dis **14:**E89-96.
12. **Mariani, P. G., H. S. Sader, and R. N. Jones.** 2006. Development of decreased susceptibility to daptomycin and vancomycin in a Staphylococcus aureus strain during prolonged therapy. J Antimicrob Chemother **58:**481-3.

13. **Tascini, C., M. G. Bongiorni, A. Di Cori, A. Di Paolo, M. Polidori, E. Tagliaferri, S. Fondelli, E. Soldati, I. Ciullo, A. Leonildi, R. Danesi, G. Coluccia, and F. Menichetti.** 2012. Cardiovascular implantable electronic device endocarditis treated with daptomycin with or without transvenous removal. Heart Lung **41:**e24-30.
14. **Wahby, K. A., and G. J. Alangaden.** 2012. Daptomycin failure in a neutropenic leukemia patient with Staphylococcus aureus meningitis. Leuk Lymphoma **53:**1610-2.
15. **Ho, T. T., J. Cadena, L. M. Childs, M. Gonzalez-Velez, and J. S. Lewis, 2nd.** 2012. Methicillin-resistant Staphylococcus aureus bacteraemia and endocarditis treated with ceftaroline salvage therapy. J Antimicrob Chemother **67:**1267-70.
16. **Kelesidis, T., R. Humphries, K. Ward, M. A. Lewinski, and O. O. Yang.** 2011. Combination therapy with daptomycin, linezolid, and rifampin as treatment option for MRSA meningitis and bacteremia. Diagn Microbiol Infect Dis **71:**286-90.
17. **Twele, L., E. Moyen, K. Zhang, B. Dalton, D. Church, and J. Conly.** 2010. Methicillin-resistant Staphylococcus aureus endocarditis and de novo development of daptomycin resistance during therapy. Can J Infect Dis Med Microbiol **21:**89-93.
18. **Boyle-Vavra, S., M. Jones, B. L. Gourley, M. Holmes, R. Ruf, A. R. Balsam, D. R. Boulware, S. Kline, S. Jawahir, A. Devries, S. N. Peterson, and R. S. Daum.** 2011. Comparative genome sequencing of an isogenic pair of USA800 clinical methicillin-resistant Staphylococcus aureus isolates obtained before and after daptomycin treatment failure. Antimicrob Agents Chemother **55:**2018-25.
19. **Tascini, C., A. Di Paolo, M. Polillo, M. Ferrari, P. Lambelet, R. Danesi, and F. Menichetti.** 2011. Case report of a successful treatment of methicillin-resistant Staphylococcus aureus (MRSA) bacteremia and MRSA/vancomycin-resistant Enterococcus faecium cholecystitis by daptomycin. Antimicrob Agents Chemother **55:**2458-9.
20. **Hussain, A., V. Kairamkonda, and D. R. Jenkins.** 2011. Successful treatment of meticillin-resistant Staphylococcus aureus bacteraemia in a neonate using daptomycin. J Med Microbiol **60:**381-3.
21. **Sheridan, K. R., B. A. Potoski, R. K. Shields, and G. J. Nau.** 2010. Presence of adequate intravitreal concentrations of daptomycin after systemic intravenous administration in a patient with endogenous endophthalmitis. Pharmacotherapy **30:**1247-51.
22. **Lee, C. H., M. C. Wang, I. W. Huang, F. J. Chen, and T. L. Lauderdale.** 2010. Development of daptomycin nonsusceptibility with heterogeneous vancomycin-intermediate resistance and oxacillin susceptibility in methicillin-resistant Staphylococcus aureus during high-dose daptomycin treatment. Antimicrob Agents Chemother **54:**4038-40.
23. **Ritchie, N. D., A. M. Lovering, and R. A. Seaton.** 2010. Daptomycin in synovial fluid during treatment of methicillin-resistant Staphylococcus aureus septic arthritis. J Antimicrob Chemother **65:**1314-5.
24. **Vernadakis, S., F. H. Saner, P. M. Rath, G. M. Kaiser, Z. Mathe, J. Treckmann, and A. Paul.** 2009. Successful salvage therapy with daptomycin after linezolid and vancomycin failure in a liver transplant recipient with methicillin-resistant Staphylococcus aureus endocarditis. Transpl Infect Dis **11:**346-8.
25. **Tenover, F. C., S. W. Sinner, R. E. Segal, V. Huang, S. S. Alexandre, J. E. McGowan, Jr., and M. P. Weinstein.** 2009. Characterisation of a Staphylococcus aureus strain with progressive loss of susceptibility to vancomycin and daptomycin during therapy. Int J Antimicrob Agents **33:**564-8.
26. **Cunha, B. A., N. Mikail, and L. Eisenstein.** 2008. Persistent methicillin-resistant Staphylococcus aureus (MRSA) bacteremia due to a linezolid "tolerant" strain. Heart Lung **37:**398-400.

27. **Kuo, C. C., V. Wu, C. W. Tsai, N. K. Chou, S. S. Wang, and P. R. Hsueh.** 2008. Fatal bacteremic mycotic aneurysm complicated by acute renal failure caused by daptomycin-nonsusceptible, vancomycin-intermediate, and methicillin-resistant Staphylococcus aureus. Clin Infect Dis **47:**859-60.
28. **Liu, C. Y., J. L. Wang, Y. T. Huang, and P. R. Hsueh.** 2008. Development of multiple lung abscesses during daptomycin treatment for right-sided endocarditis caused by meticillin-resistant Staphylococcus aureus. Int J Antimicrob Agents **32:**544-5.
29. **Lee, D. H., B. Palermo, and M. Chowdhury.** 2008. Successful treatment of methicillin-resistant staphylococcus aureus meningitis with daptomycin. Clin Infect Dis **47:**588-90.
30. **Gallagher, J. C., M. E. Perez, E. A. Marino, L. G. LoCastro, L. A. Abrardo, and C. MacDougall.** 2009. Daptomycin therapy for vancomycin-resistant enterococcal bacteremia: a retrospective case series of 30 patients. Pharmacotherapy **29:**792-9.
31. **King, E. A., D. McCoy, S. Desai, T. Nyirenda, and K. Bicking.** 2011. Vancomycin-resistant enterococcal bacteraemia and daptomycin: are higher doses necessary? J Antimicrob Chemother **66:**2112-8.
32. **Arias, C. A., H. A. Torres, K. V. Singh, D. Panesso, J. Moore, A. Wanger, and B. E. Murray.** 2007. Failure of daptomycin monotherapy for endocarditis caused by an Enterococcus faecium strain with vancomycin-resistant and vancomycin-susceptible subpopulations and evidence of in vivo loss of the vanA gene cluster. Clin Infect Dis **45:**1343-6.
33. **Long, J. K., T. K. Choueiri, G. S. Hall, R. K. Avery, and M. A. Sekeres.** 2005. Daptomycin-resistant Enterococcus faecium in a patient with acute myeloid leukemia. Mayo Clin Proc **80:**1215-6.
34. **Beneri, C. A., D. P. Nicolau, H. S. Seiden, and L. G. Rubin.** 2008. Successful treatment of a neonate with persistent vancomycin-resistant enterococcal bacteremia with a daptomycin-containing regimen. Infect Drug Resist **1:**9-11.
35. **Schutt, A. C., and N. M. Bohm.** 2009. Multidrug-resistant Enterococcus faecium endocarditis treated with combination tigecycline and high-dose daptomycin. Ann Pharmacother **43:**2108-12.
36. **Huen, S. C., I. Hall, J. Topal, R. L. Mahnensmith, U. C. Brewster, and A. K. Abu-Alfa.** 2009. Successful use of intraperitoneal daptomycin in the treatment of vancomycin-resistant enterococcus peritonitis. Am J Kidney Dis **54:**538-41.
37. **Akins, R. L., M. R. Haase, and E. N. Levy.** 2006. Pharmacokinetics of daptomycin in a critically ill adolescent with vancomycin-resistant enterococcal endocarditis. Pharmacotherapy **26:**694-8.
38. **Schwartz, B. S., P. D. Ngo, and B. J. Guglielmo.** 2008. Daptomycin treatment failure for vancomycin-resistant Enterococcus faecium infective endocarditis: impact of protein binding? Ann Pharmacother **42:**289-90.
39. **Kelesidis, T., R. Tewhey, and R. Humphries.** 2013. Evolution of high-level daptomycin resistance in *Enterococcus faecium* during daptomycin therapy is associated with limited mutations in the bacterial genome. J Antimicrob Chemother **In press**.
40. **Le, J., P. B. Bookstaver, C. N. Rudisill, M. G. Hashem, R. Iqbal, C. L. James, and G. Sakoulas.** 2010. Treatment of meningitis caused by vancomycin-resistant Enterococcus faecium: high-dose and combination daptomycin therapy. Ann Pharmacother **44:**2001-6.
41. **Hidron, A. I., A. N. Schuetz, F. S. Nolte, C. V. Gould, and M. K. Osborn.** 2008. Daptomycin resistance in Enterococcus faecalis prosthetic valve endocarditis. J Antimicrob Chemother **61:**1394-6.
42. **Munoz-Price, L. S., K. Lolans, and J. P. Quinn.** 2005. Emergence of resistance to daptomycin during treatment of vancomycin-resistant Enterococcus faecalis infection. Clin Infect Dis **41:**565-6.

43. **Barber, G. R., J. Lauretta, and R. Saez.** 2007. A febrile neutropenic patient with Enterococcus gallinarum sepsis treated with daptomycin and gentamicin. Pharmacotherapy **27:**927-32.